Australian Government

Report Card for the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023

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The Department of Health would like to thank the members of the Implementation Plan Advisory Group and the National Health Leadership Forum for their involvement and advice in the development of this Report Card. The department acknowledges the contribution and commitment from Aboriginal and Torres Strait Islander leaders and communities and other stakeholders for their work towards progressing goals that improve health outcomes for Indigenous Australians and the ongoing participation in the development of the Implementation Plan from a broad range of stakeholders.

Disclaimer: *Aboriginal and Torres Strait Islander people are advised that this document may contain the images and names of deceased peoples.*

MESSAGE — CO-CHAIRS, IMPLEMENTATION PLAN ADVISORY GROUP

As co-chairs of the Implementation Plan Advisory Group, we are pleased to present the Report Card on progress during the first three years of the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023*.

The Implementation Plan Advisory Group is committed to improving health outcomes for Aboriginal and Torres Strait Islander people. The advisory group—a partnership of Indigenous health leaders and government—was established to monitor progress under the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023.*

There have been advances in improving access to health services for Aboriginal and Torres Strait Islander people. For example, the Cultural Respect Framework, the Medical Specialist Access Framework, and the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families have laid the basis for improving the cultural safety of health services for Aboriginal and Torres Strait Islander people.

While acknowledging this progress, there is still much to do to close the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. It is important to maintain, expand and strengthen Aboriginal and Torres Strait Islander community controlled health organisations while also ensuring that mainstream health providers are delivering culturally safe care for Aboriginal and Torres Strait Islander people.

The Australian Government report *My Life My Lead: Opportunities for Strengthening Approaches to the Social Determinants and Cultural Determinants of Indigenous Health—Report on the National Consultations, December 2017* highlighted the importance of strengthening culture and addressing the social determinants of health to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples. The Implementation Plan Advisory Group coordinated the consultations between government, communities and the private sector that led to this seminal report. It is fundamental that the priorities identified and voiced by the communities are at the centre of the development of the next iteration of the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023*.

For the next iteration of the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023*, we are committed to addressing the social determinants and the cultural determinants of health, as well as aligning with the refreshed Closing the Gap framework.

We would like to thank the members of the Implementation Plan Advisory Group for their contribution to this work and their overall guidance as we continue our collective efforts towards Closing the Gap.

Donna Murray

IPAG Co-Chair

Mark Roddam

IPAG Co-Chair

EXECUTIVE SUMMARY

In 2013 the Australian Government released the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* (the Health Plan). The Health Plan's vision is that the Australian health system is free of racism and inequality and that all Aboriginal and Torres Strait Islander people have access to health services that are effective, high-quality, appropriate and affordable.

In 2015 the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023* (the Implementation Plan) was released. The Implementation Plan translates the vision, principles, priorities and strategies of the Health Plan into strategies, deliverables and goals that maximise health benefits for Aboriginal and Torres Strait Islander peoples.

To date, governments, the community controlled health sector, mainstream services and communities have made significant efforts to support the wide-ranging deliverables. As at July 2019, 69 deliverables were complete and 37 were ongoing. Notable achievements include national endorsement of the Cultural Respect Framework; the completion of the 2014–15 Better Start to Life approach to increase access to antenatal and postnatal care; the integration of early childhood services through the Connected Beginnings Program; and the expansion of the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program.

Positive progress has also been made against many of the Implementation Plan goals as of July 2019. All three goals in the maternal health and parenting domain, supporting the foundations for good health over the life course, are currently on track to be achieved. All goals relating to smoking are also on track, and this is expected to have an impact on the burden of disease over time. Two immunisation goals are on track, with immunisation coverage rates the highest ever among Aboriginal and Torres Strait Islander children entering school. Two of the three type 2 diabetes goals are on track, with these goals able to be measured for the first time in July 2019.

Six of the Implementation Plan goals are currently not on track to be achieved by 2023. Four of these goals relate to health checks, although data from recent years show that the rate of health checks is increasing. The two remaining goals cannot be assessed due to current data limitations.

Current trends indicate improvements across a range of wider health and social outcomes for Aboriginal and Torres Strait Islander peoples over the past twenty years. Rates of circulatory disease, smoking and excessive alcohol consumption are down. Deaths associated with kidney and respiratory diseases have also decreased. Despite these improvements, more work is needed to Close the Gap in health inequality. While life expectancy has improved for Aboriginal and Torres Strait Islander people, there has been no significant change in the life expectancy gap since 1998 because mortality rates continue to decline in both populations. The gap in child mortality has also not narrowed since the 2008 baseline.

Areas for further action include building a better understanding of health service needs at the regional level to ensure the right services are available to the populations that need them. Cultural safety must become embedded across health services, particularly within the mainstream sector. There also needs to be a greater acknowledgement of the continued impact of trauma as an underlying cause of poor health, and young people need access to culturally safe, strengths-based mental health and support services. Environmental health remains an important issue, with housing and water security a key priority.

Better health outcomes will also be enabled by targeting the social determinants of health, including across justice, employment and education. Stronger linkages must be made between these two sectors to facilitate collaborative approaches. The protective role that culture plays in good health and wellbeing also needs to be recognised and supported

CONTEXT AND BACKGROUND

THE VISION

To close the gap in health inequality, Aboriginal and Torres Strait Islander people must have an equal opportunity to be as healthy as non-Indigenous Australians. This means acknowledging and tackling the social, economic and environmental factors that inhibit good health.

Aboriginal and Torres Strait Islander people must have access to comprehensive health care that is effective, responsive, respectful and culturally safe. The strength of culture and cultural responses must be promoted to support good health, resilience and wellbeing. Strategies must incorporate a whole-of-life focus to lay the foundations for good health and continue this into adulthood and as people grow older. Solutions must be designed and supported at the local level, underpinned by a strong partnership approach.

THE IMPLEMENTATION PLAN

The Implementation Plan is a core component of the Australian Government's long-term commitment to Closing the Gap in health inequality between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. The Implementation Plan adopts a strengths-based approach to ensure policies and programs promote positive health behaviours and improve health, resilience and social and emotional wellbeing. It emphasises the centrality of culture in the health of Aboriginal and Torres Strait Islander people and the rights of individuals to a safe, healthy and empowered life.

The Implementation Plan outlines the actions to be taken by the governments, the community controlled sector and other key stakeholders to maximise health benefits for Indigenous Australians and Closing the Gap in health outcomes. It was developed in partnership with the National Health Leadership Forum (NHLF). The Implementation Plan builds upon continued work and investment across all levels of government and is intended to be complementary to existing policies and frameworks in each jurisdiction.

The success of progress against the goals and deliverables of the Implementation Plan is monitored so that it is clear where future effort should be targeted, supporting continuous quality improvement. This monitoring guides the planning and investment for existing and new activities under the partnership model built between the Australian Government and stakeholders.

The next iteration of the Implementation Plan will include a focus on the social determinants and the cultural determinants of health, drawing on the findings of *My Life My Lead: Opportunities for Strengthening Approaches to the Social Determinants and Cultural Determinants of Indigenous Health—Report on the National Consultations, December 2017* (My Life My Lead).

The Australian Government is committed to working in partnership with Aboriginal and Torres Strait Islander peoples to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. On 12 December 2018, the Council of Australian Governments (COAG) agreed to a formal partnership with Aboriginal and Torres Strait Islander peoples to ensure that the targets and implementation of a refreshed Closing the Gap framework are finalised through a genuine, formal partnership between the Commonwealth, state and territory governments and Aboriginal and Torres Strait Islander peoples through their representatives. This partnership will help to inform the development of the next iteration of the Implementation Plan.

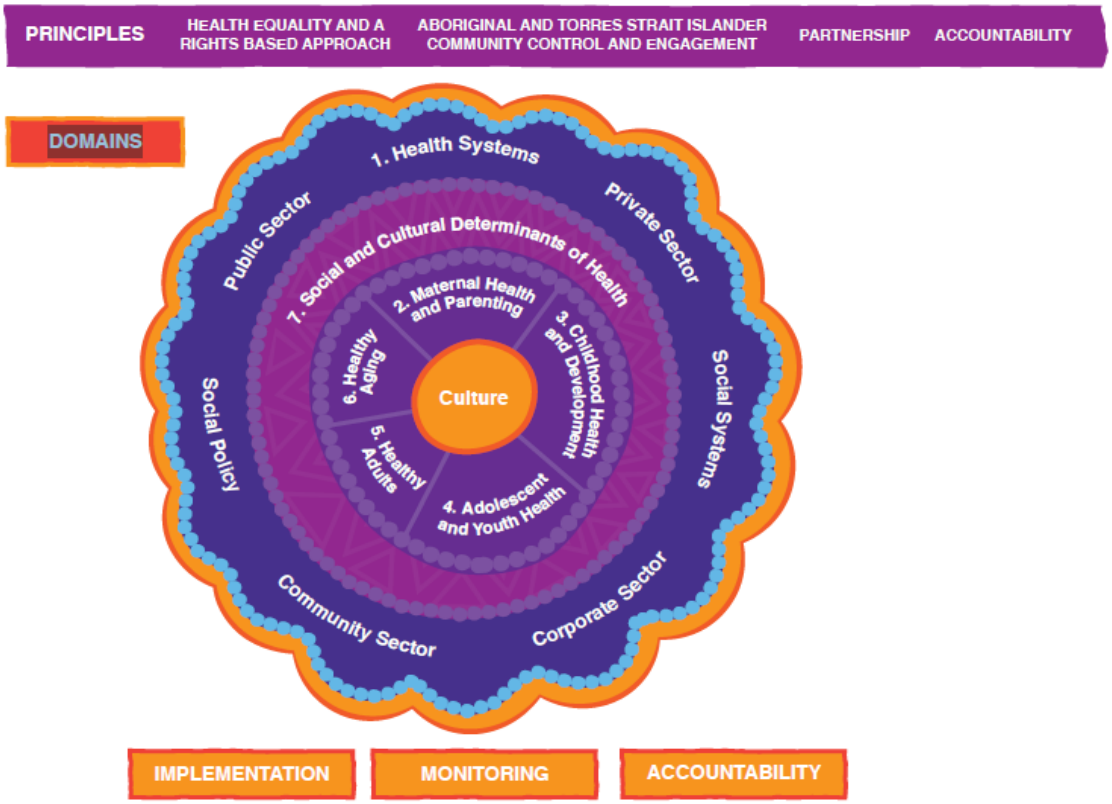
THE FRAMEWORK

The Implementation Plan focuses effort across six domains that target health system effectiveness and priorities across the life course: health system effectiveness; maternal health and parenting; childhood health and development; adolescent and youth health; healthy adults; and healthy ageing. The Implementation Plan contains 106 deliverables that support the achievement of twenty goals, with a focus on prevention and early intervention across the life course (see Attachment A and Attachment C for more information). These goals were developed to complement the 2008 COAG Closing the Gap agenda.

The agreed goal rate for each indicator was set based on analyses of historical trends by the Australian Institute of Health and Welfare (AIHW), as well as on other evidence about what was achievable in the time frame. A number of 'stretch' goals were included to focus action in child and maternal health on where there is potential for greater impact; and in areas of adult health on where the largest disparities exist. More information on the data sources and data limitations related to the twenty Implementation Plan goals can be found in the AIHW report *Tracking Progress against the Implementation Plan Goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023: Data Sources and Data Considerations—September 2018 Update*. Specific information on data considerations relevant to each goal can be found at Appendix D.

The current Implementation Plan framework will be revised in 2019–20 to include a stronger focus on the social determinants and cultural determinants of health. This includes factors such as the home environment; school and educational attainment; employment; community; and experiences of social institutions and systems and their corresponding influences, all of which have a profound impact on a person's overall health.

FIGURE 1: OUTLINE OF THE DOMAINS AND PRINCIPLES THAT INFORM THE IMPLEMENTATION PLAN



Adapted from the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

INVESTMENT SUPPORTING THE IMPLEMENTATION PLAN

The Australian Government is investing $4.1 billion in Aboriginal and Torres Strait Islander health programs between 2018–19 and 2021–22. This represents an ongoing increase of around 4 per cent per year and builds on previous investment of just over $3 billion from 2014–15 to 2017–18. The Aboriginal community controlled sector receives nearly two-thirds of the total Aboriginal and Torres Strait Islander health program funding.

The goals and deliverables in the Implementation Plan are being progressed through a range of Aboriginal and Torres Strait Islander health programs. This includes programs funded under the Indigenous Australians' Health Programme (IAHP), which supports investment for around 130 community controlled services, plus a smaller number of other providers, to deliver comprehensive and culturally safe primary health care for Aboriginal and Torres Strait Islander peoples. Continued growth in the IAHP will help to sustain existing services and target effort at new and evolving areas of critical need. In addition, there are whole-of-population programs that support health outcomes for Aboriginal and Torres Strait Islander peoples, including the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS), public hospital funding, aged care funding and health workforce initiatives.

Deliverables within the Implementation Plan are also supported by funding sources outside the Health portfolio. Other Australian Government agencies and state and territory governments also contribute to the outcomes. This includes funding through the Indigenous Advancement Strategy from the Department of the Prime Minister and Cabinet (PMC), to support activities relating to social and emotional wellbeing, alcohol and drug treatment services and suicide prevention.

THE IMPLEMENTATION PLAN ADVISORY GROUP

The Implementation Plan Advisory Group (IPAG) was established to review, assess and guide action under the Implementation Plan. IPAG's guidance, as well as the advice and support of broader stakeholders, is critical to this work and reflects the important partnership between the Australian Government and non-government stakeholders.

IPAG members include representatives from the NHLF, the National Aboriginal Community Controlled Health Organisation (NACCHO), the Department of Health, PMC, AIHW and the National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC), which operates within the Australian Health Ministers' Advisory Committee (AHMAC) structure to provide strategic advice on Aboriginal and Torres Strait Islander health. Aboriginal and Torres Strait Islander experts on early childhood, primary care and health research are also represented.

IPAG has met eleven times to date to oversee progress against the goals and deliverables set out in the Implementation Plan (see 'Progress and achievements'). Their work includes identifying and driving deliverables considered to be of high priority moving forward. Current identified priorities include mapping health needs; progressing a core services framework; examining system levers to address racism; chronic disease activities; progressing a data development plan; and telehealth standards.

Eminent experts and stakeholders who have addressed IPAG include the Hon. Ken Wyatt AM, MP (Minister for Indigenous Australians and former Minister for Indigenous Health); Senator Patrick Dodson; the Hon. Warren Snowdon MP; Ms Susan Murphy (member of the Prime Minister's Indigenous Advisory Council); Associate Professor Kelvin Kong (an ear, nose and throat specialist); Dr Ray Lovett (National Health and Medical Research Council Research Fellow at the Australian National University); and Emeritus Professor Paul Worley (Australia's first National Rural Health Commissioner).

IPAG will continue to have a pivotal role in overseeing progress against the Implementation Plan moving forward. It is currently guiding the development of the next iteration of the Implementation Plan (see 'Next steps').

WORKING IN PARTNERSHIP WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

The Australian Government recognises that long-term partnerships are essential to achieving sustainable, long-term gains in health outcomes for Aboriginal and Torres Strait Islander peoples. This recognition is reflected in the strong engagement that exists with communities, the community controlled sector, state and territory governments and broader Commonwealth agencies to pursue the goals of the Implementation Plan.

At the national level, the Department of Health hosts an internal government Indigenous Health Round Table, which brings together stakeholders from across Australian Government agencies to consider strategic issues of importance to improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

Stakeholders are also engaged in strategic planning through the state and territory Aboriginal Health Partnership Forums. These forums, which operate under the auspices of each jurisdictional Aboriginal and Torres Strait Islander Health and Wellbeing Framework, provide a link between the Department of Health, state and territory governments, NACCHO sector support organisations and key stakeholders to guide policy and program development.

At the regional level, stakeholders and community members had extensive input into the development of the My Life My Lead report. The process was guided by IPAG and involved thirteen face-to-face consultations across every state and territory, reaching approximately 600 participants. Over 100 written submissions were also received from stakeholders and community members from across the country.

CROSS-GOVERNMENT LINKAGES

The Implementation Plan is a key driver supporting national, regional and local action for Closing the Gap in health inequality between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. As a part of the existing collaborative effort to improve health outcomes for Aboriginal and Torres Strait Islander peoples, the Implementation Plan links with various strategies and frameworks across Commonwealth portfolios. These include:

- the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families
- the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023
- the Fifth National Mental Health and Suicide Prevention Plan
- the National Strategic Framework for Chronic Conditions
- the National Framework for Protecting Australia's Children 2009–2020
- the National Framework for Action on Dementia 2015–2019
- the National Fetal Alcohol Spectrum Disorders Strategic Action Plan 2018–2028
- the National Disability Strategy 2010–2020
- the National Diabetes Strategy 2016–2020
- the National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018–2023
- the National Safety and Quality Health Service Standards (second edition)
- the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013–2023
- the Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018–2022
- the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019

- the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss
- the National Road Safety Strategy 2011–2020
- the Medical Specialist Access Framework.

The Implementation Plan also complements existing state and territory policies, strategies and frameworks for the health and wellbeing of Aboriginal and Torres Strait Islander people. These include:

- the Victorian Government's Korin Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017–2027, released in 2018
- the New South Wales Government's Aboriginal Health Plan 2013–2023, developed in partnership with the Aboriginal Health and Medical Research Council and published in 2012
- the Queensland Government's Making Tracks Towards Closing the Gap in Health Outcomes for Indigenous Queenslanders by 2033, released in 2010
- the Western Australian Government's WA Aboriginal Health and Wellbeing Framework 2015–2030.

PROGRESS AND ACHIEVEMENTS

CLOSING THE GAP IN HEALTH INEQUALITY

Over time, there have been notable improvements in health outcomes for Aboriginal and Torres Strait Islander peoples. Between 1998 and 2017, the overall Aboriginal and Torres Strait Islander mortality rate declined significantly (by 14 per cent). Over the same period, the Aboriginal and Torres Strait Islander child mortality rate declined by 35 per cent.[1]

Fewer Aboriginal and Torres Strait Islander people are dying from chronic diseases. Mortality rates from circulatory disease have declined by about 47 per cent (between 1998 and 2017).[2] Furthermore, respiratory disease death rates have declined by 24 per cent (between 1998 and 2015) and kidney disease death rates have declined by 47 per cent (between 2006 and 2015).[3]

The smoking rate for Aboriginal and Torres Strait Islander people aged 15 years and over declined significantly from 51 per cent to 42 per cent between 2002 and 2014. Between 2008 and 2014–15, the proportion of Aboriginal and Torres Strait Islander people aged 15 years and over drinking at risky levels also declined for both single occasion (from 38 per cent to 31 per cent) and lifetime (from 19 per cent to 15 per cent) risk, and drinking during pregnancy halved.[4] Australia also is on track to eliminate trachoma as a public health problem by 2020.[5]

Despite these improvements, more work is needed to Close the Gap in health inequality. While life expectancy has improved for Aboriginal and Torres Strait Islander people, it is not enough to close the life expectancy gap. There has been no significant change in the mortality gap since 1998 because mortality rates continue to decline in both populations. Cancer mortality rates for Aboriginal and

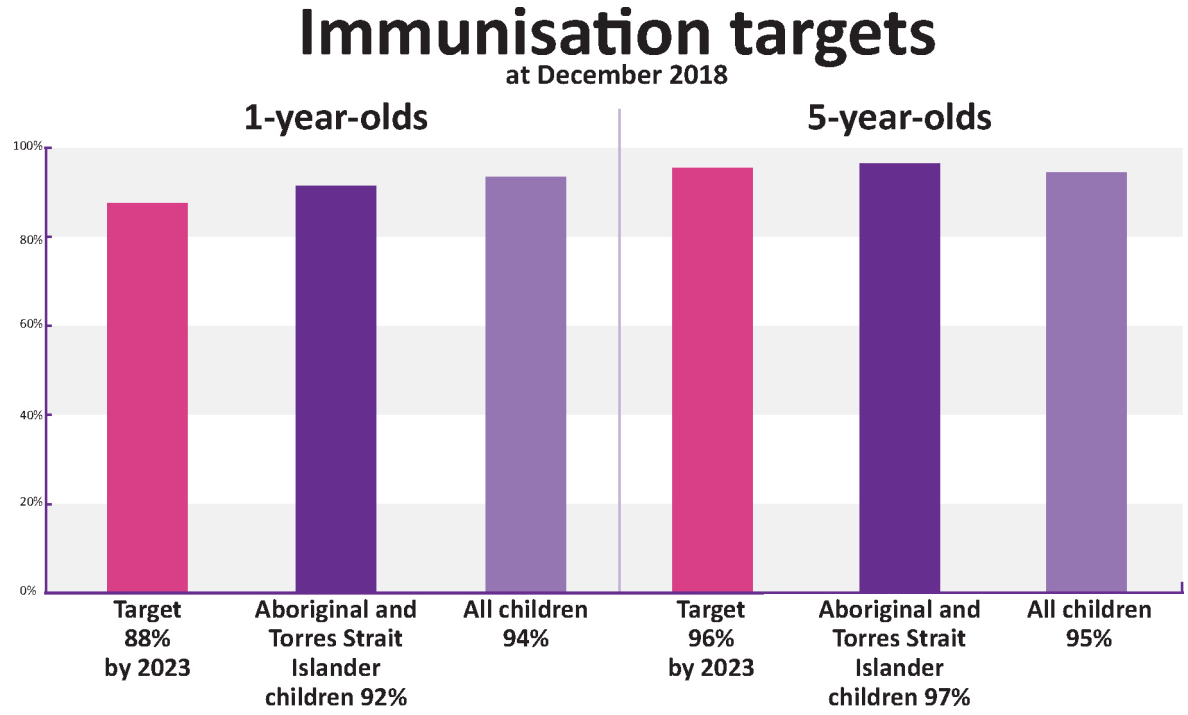
[1] AHMAC 2017.
[2] PMC 2019.
[3] AHMAC 2017.
[4] AHMAC 2017.
[5] National Trachoma Surveillance and Reporting Unit 2018.

Torres Strait Islander people increased by 25 per cent between 1998 and 2017 and the gap in cancer mortality rates is widening.[6]

Despite the improvements in chronic disease rates, these diseases remain responsible for most of the gap in mortality rates between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.[7] Furthermore, between 1998 and 2015 there was no improvement in mortality rates for diabetes or injury and there was a significant increase in the suicide rate (32 per cent).[8]

The gap in child mortality has also not narrowed since the 2008 baseline, and the target to halve the gap was not on track in 2017. However, maternal and child health indicators have continued to improve, indicating that child mortality outcomes may begin to improve in the coming years.[9]

PROGRESS AGAINST THE IMPLEMENTATION PLAN GOALS AND DELIVERABLES



Monitoring of the Implementation Plan commenced in 2016. There has been positive progress against many of the Implementation Plan goals, and twelve of the goals are currently on track to be achieved by 2023. While data over a longer time period will provide a more detailed picture of progress, trends to date also suggest improvements across a wider range of health and social outcomes.

Notably, all three goals in the maternal health and parenting domain are currently on track to be achieved. Furthermore, the 88 per cent immunisation target for Aboriginal and Torres Strait Islander 1-year-olds is on track to be met by 2023; and the 96 per cent immunisation goal for 5-year-olds is on track to be met by 2023. Five-year-olds also have the highest immunisation rates of any group nationally. All goals relating to smoking are also on track to be achieved by 2023, and this is expected to have an impact on the burden of disease over time.

[6] PMC 2019.
[7] PMC 2019.
[8] AHMAC 2017.
[9] PMC 2019.

Six of the Implementation Plan goals are currently not on track to be achieved by 2023. Four of these goals relate to MBS item number 715 health checks, although data from recent years show that the rate of health checks is increasing. The rate of full immunisation for Aboriginal and Torres Strait Islander 2-year-olds is also not on track, although this is expected to increase over time. Recent data from the AIHW shows that further work is needed to increase the proportion of Aboriginal and Torres Strait Islander people with type 2 diabetes who had a kidney (renal) test in the previous twelve months if this goal is to be met.

The two remaining goals cannot be assessed due to data limitations. These goals relate to influenza and pneumonia immunisation rates for adults aged 50 plus.[10]

The Australian Government is committed to achieving all of the deliverables and goals under the Implementation Plan, working in partnership with IPAG, the community controlled sector, mainstream services, communities and other stakeholders. As of July 2019, 69 deliverables were complete and 37 were ongoing. It is noted that a significant number of deliverables also fall within the remit of the states and territories in the context of their existing frameworks and strategies.

The following chapters provide a summary of progress in meeting the goals in each domain, as well as areas for further action.

Updates on progress against the Implementation Plan goals are publicly available through the visualisation tool on the AIHW website.

[10] AIHW 2018.

DOMAIN 1: HEALTH SYSTEM EFFECTIVENESS

Vision: The Australian health system delivers primary, secondary and tertiary health care that is evidence-based, culturally safe, high-quality, responsive, and accessible for all Aboriginal and Torres Strait Islander peoples.

No. of deliverables	Completed deliverables	Ongoing deliverables
44	28	16

Domain 1 contains 44 deliverables focused on improving health system effectiveness for Aboriginal and Torres Strait Islander peoples. All the goals across the other life course domains are underpinned by health system effectiveness, so no single goal is specifically linked to this domain.

PROGRESS AGAINST DELIVERABLES

In accordance with the deliverables, significant effort has been focused on improving access to high-quality, comprehensive and responsive services. Domain 1 includes measures to tackle systemic racism and discrimination and improve cultural safety in service delivery across the mainstream sector.

In 2016, the AHMAC endorsed the Cultural Respect Framework 2016–2026 (CRF), which commits the Australian Government and all states and territories to embedding cultural respect principles into their health systems. Under the CRF, system levers to address racism and discrimination have been developed and implementation promoted through NATSIHSC and individual jurisdictions.

The AIHW has also developed a dashboard that uses a cultural safety online reporting and monitoring tool to identify data gaps and measure progress in achieving cultural safety under the Implementation Plan. The tool includes three modules:

- cultural safety of health care services at the organisational level
- cultural safety as reported by heath care consumers
- access to health services (and indirect measures of cultural safety).

There has also been a focus on supporting quality improvement measures in both the community controlled and mainstream sectors. In 2018 the National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018–2023 was published. The framework will support the primary health care sector to embed continuous quality improvement (CQI) into core business and use clinical data for health planning to improve health practice and service delivery. NACCHO and sector support organisations will play a key role in leading and promoting the implementation of the CQI framework. The National Safety and Quality Health Service Standards (second edition), which were endorsed by all Health Ministers and launched in November 2017, include six specific actions to improve the quality of health care for Aboriginal and Torres Strait Islander people.

The Royal Australasian College of Physicians has released the Medical Specialist Access Framework, which consists of principles, enablers of specialist access, tools and resources, and case studies showcasing successful models for increasing Aboriginal and Torres Strait Islander people's access to specialists.

A number of reviews are also underway. They will help guide further improvements in health system effectiveness and appropriateness for Aboriginal and Torres Strait Islander peoples. For example, through the Department of Health, the Australian Government is undertaking a review of the Practice Incentives Program Indigenous Health Incentive to improve its efficiency and effectiveness in supporting the community controlled sector and mainstream general practices to provide culturally appropriate care to Aboriginal and Torres Strait Islander people with chronic disease.

A significant four-year (2018–19 to 2021–22) independent evaluation of the Australian Government's investment in primary health care is also underway. The review was co-designed with a wide range of Aboriginal and Torres Strait Islander stakeholders. It is taking a whole-of-system, person-centred approach that focuses not only on the IAHP's funding but also on its interactions with, and influence on, other parts of the primary health and wider health care systems. The review will emphasise interactive evaluation practice, with regular feedback loops to facilitate learning and action within and between different levels of the health system to support ongoing improvements in the IAHP and its interaction with the broader health system.

The MBS Review Taskforce formed an Aboriginal and Torres Strait Islander Health Reference Group to review the twenty-one MBS items relating to Aboriginal and Torres Strait Islander health. This review considered ways to modernise the MBS to ensure that services are aligned with

contemporary clinical evidence and medical best practice to deliver optimal patient outcomes. The MBS Review Taskforce will provide final recommendations to government in late 2019.

To better address workforce needs and gaps, the COAG Health Council has committed to developing a plan to work with Aboriginal and Torres Strait Islander leaders to develop a National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan. Stakeholders have identified a need for this plan to focus on the current and emerging workforce of Aboriginal and Torres Strait Islander people in all locations. The plan will incorporate the clinical and non-clinical workforce, including the broader support workforce such as administrators, managers, researchers and environmental health workers.

The Australian Government has reinvested in, and increased funding for, Aboriginal and Torres Strait Islander health professional organisations. The government has committed $33.4 million across the financial years 2018–19 to 2021–22. Additional funding of approximately $1.6 million per year will support these organisations in their efforts to grow and support the Aboriginal and Torres Strait Islander health workforce and increase the cultural capability of the broader health workforce to better meet the health needs of Aboriginal and Torres Strait Islander peoples.

The Australian Government's Workforce Incentive Program will provide financial incentives to support general practices, including Aboriginal community controlled services, to engage the services of nurses, allied health professionals, Aboriginal and Torres Strait Islander health workers and Aboriginal and Torres Strait Islander health practitioners. The program will build on support provided under the Practice Nurse Incentive Program and enable high-quality team-based care in primary health care settings.

AREAS FOR FURTHER ACTION

While the foundations for improved cultural safety have been built, ongoing effort is needed to embed this across health services, particularly within the mainstream sector. Improved cultural safety must remain a priority across jurisdictions, as health system levers are spread across the Commonwealth and the states and territories.

More work is also needed to map health service needs at the regional level. This will help to drive improvements and ensure that the right services are available to the populations that need them so that Aboriginal and Torres Strait Islander people have access to community controlled, locally responsive and culturally safe health care.

The needs of the Aboriginal and Torres Strait Islander health workforce must also be better met. For example, there must be consideration of how the workforce may be better supported through the use of technology, improved infrastructure and strong mentoring and leadership networks.

There is also an opportunity to strengthen data collection and analysis to better support evidence-based policy and program design, development and implementation.

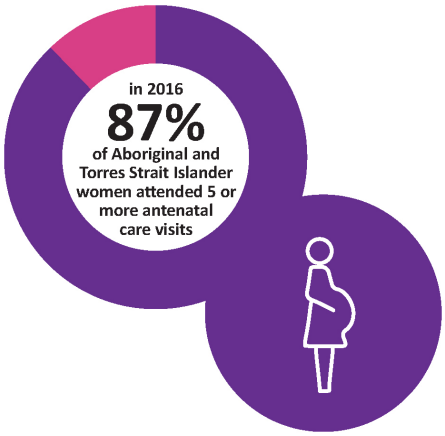
DOMAIN 2: MATERNAL HEALTH AND PARENTING

Vision: Aboriginal and Torres Strait Islander mothers and fathers get the best possible support to promote safe pregnancies and a good start to life for their newborns.

No. of deliverables	Completed deliverables	Ongoing deliverables
19	14	5

Domain 2 contains three goals and nineteen deliverables. The three goals are on track to be achieved by 2023, with improvements recorded in each area.

Goal #2 – Antenatal Care



Improvements in this domain were supported by the Australian Government's 2014–15 Better Start to Life approach. This budget measure provided $94 million over three years (2015–16 to 2017–18) to expand the Australian Nurse-Family Partnership Program and the New Directions: Mothers and Babies Services program to increase access to antenatal care and provide practical advice on and assistance with breastfeeding, nutrition, parenting and monitoring developmental milestones. Culturally safe antenatal care is also being supported through the Birthing on Country Service Delivery Model and Evaluation Framework (Phase 1), which was endorsed by AHMAC in 2016.

In 2016–17 and 2017–18, Tackling Indigenous Smoking (TIS) program innovation grants were made to projects that targeted smoking prevention and cessation efforts to pregnant women and their family members. The 2018–19 to 2021–22 TIS program is supporting enhanced activities for priority groups, including pregnant women exposed to tobacco smoke. Further information about the TIS program can be found in Domain 4.

The National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families is improving access to culturally safe services. The framework was endorsed by AHMAC in 2016. It articulates a vision, principles and approaches for the delivery of child and family health services to Aboriginal and Torres Strait Islander peoples. The Australian Government's Indigenous child and family health programs are being implemented in a way that is consistent with the aims of this framework.

In November 2018 the Australian Government launched the National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan. The plan provides a clear pathway of priorities and opportunities to prevent, diagnose, support and manage FASD in Australia. It is intended to inform decision-makers, policy-makers and service providers at the national, state and territory, and local levels. The Australian Government also announced $7.3 million in funding to support activities that align with the objectives of this plan.

In March 2019 the COAG Health Council endorsed the Australian National Breastfeeding Strategy: 2019 and Beyond. The strategy seeks to increase the rate of exclusive breastfeeding in the first six months, with a particular focus on Aboriginal and Torres Strait Islander peoples. Health Ministers have committed to providing a supportive and enabling environment for breastfeeding mothers, infants and families.

TABLE 1: MATERNAL HEALTH AND PARENTING GOALS[11]

Goal	Progress
Increase the rate of Aboriginal and Torres Strait Islander women attending at least one antenatal visit in the first trimester from 51 per cent to 60 per cent by 2023.	The proportion of Aboriginal and Torres Strait Islander mothers who attended antenatal care in the first trimester increased from 41 per cent in 2010 to 60 per cent in 2016. Source: PMC, *Closing the Gap Report 2019*. Aboriginal and Torres Strait Islander women were still less likely to receive antenatal care in the first trimester than non-Indigenous women—60 per cent compared with 67 per cent, based on age-standardised rates. **Progress towards the goal is on track**.
Increase the rate of Aboriginal and Torres Strait Islander women attending at least five antenatal care visits from 84 per cent to 90 per cent by 2023.	For the first time, data are available from all 7 jurisdictions including Western Australia. In 2016, 87% of Aboriginal and Torres Strait Islander mothers attended 5 or more antenatal visits. **Progress towards the goal is on track**.
Decrease the rate of Aboriginal and Torres Strait Islander women who smoke during pregnancy from 47 per cent to 37 per cent by 2023.	Based on age-standardised rates, the proportion of Aboriginal and Torres Strait Islander mothers who smoked at any time during pregnancy decreased from 48 per cent in 2013 to 43 per cent in 2016. **Progress towards the goal is on track**.

AREAS FOR FURTHER ACTION

Efforts focused on children and families to support good health from preconception through to early childhood are ongoing priorities aimed at giving children the best start for life. During this foundational period of rapid physical and cognitive development, it is critical that children are healthy, safe and nurtured to enable them to grow physically, socially and emotionally and develop communication skills. These foundations set children up to thrive at school and lead to greater opportunities and wellbeing over a lifetime.

While improvements have been made to reduce smoking during pregnancy, there is an opportunity for more work to be done in this area to further build on these gains. Initiatives that support Aboriginal and Torres Strait mothers to breastfeed, promote healthy nutrition in infancy and early childhood and emphasise the importance of healthy behaviours before and during pregnancy also remain key priorities.

It is critical to build a better understanding of which measures achieve the most positive change in this area to ensure investments in the right programs are made. Robust program evaluations will help to inform the evidence base and guide the development of programs in the future.

[11] Source: AIHW 2019.

DOMAIN 3: CHILDHOOD HEALTH AND DEVELOPMENT

Vision: Aboriginal and Torres Strait Islander children are in good health and meet key developmental milestones, laying the foundation for strong and long healthy lives.

No. of deliverables	Completed deliverables	Ongoing deliverables
11	8	3

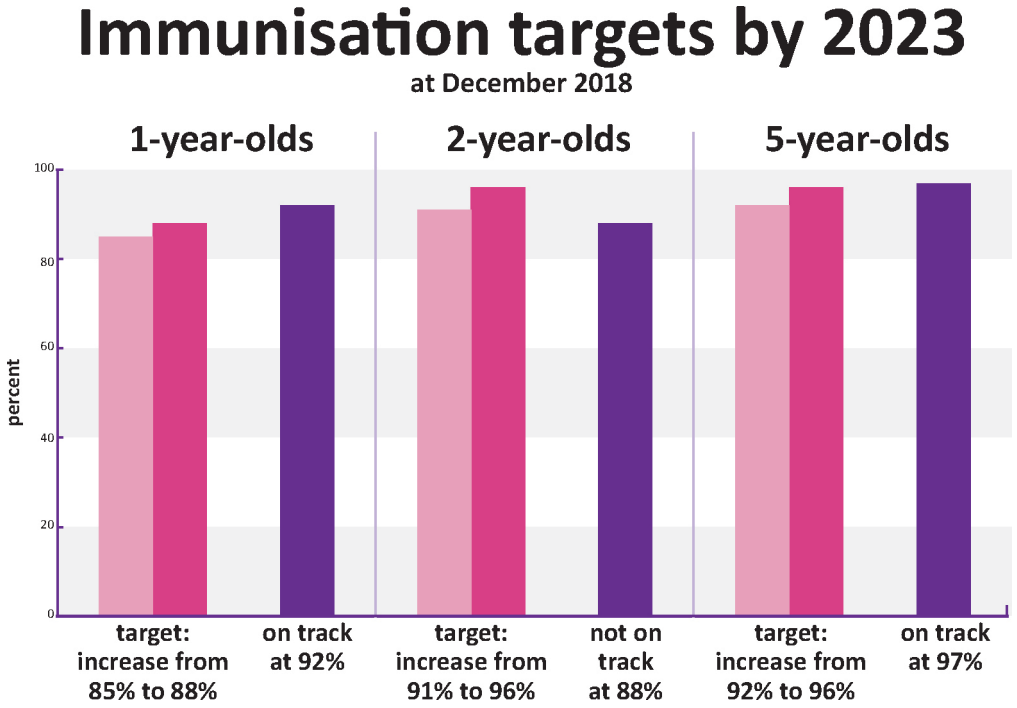
Domain 3 contains five goals and eleven deliverables. Three of the goals are on track to be achieved by 2023.

PROGRESS AGAINST DELIVERABLES

IMMUNISATION

Through the National Immunisation Strategy, Commonwealth and state governments have committed to achieving 95 per cent immunisation coverage among children. Performance benchmarks in the National Partnership on Essential Vaccines, including for improving coverage rates among Aboriginal and Torres Strait Islander children, will contribute to achieving this target. The Australian Government promotes immunisation through community controlled services, including

through the Get the Facts about Immunisation campaign, which explains the benefits of vaccinating and the importance of vaccinating on time.



While there is more work to be done, the immunisation coverage rates among Aboriginal and Torres Strait Islander children entering school are at the highest levels ever. As at 31 December 2018, 97 per cent of Aboriginal and Torres Strait Islander 5-year-olds were fully immunised, compared with 95 per cent of non-Indigenous children. In 2018, 92% of Aboriginal and Torres Strait Islander children aged 1 were fully immunised, compared with 94% of other Australian children. Over the same period, nationally, the fully immunised rate for Aboriginal and Torres Strait Islander children aged 5 years was 97%, compared with 95% of other Australian children.

EARLY CHILDHOOD HEALTH

At the national level, the Australian Government (through the Department of Health and the Department of Education and Training) is funding the Connected Beginnings Program, which focuses on integrating early childhood health and education services into a number of Aboriginal and Torres Strait Islander communities. The program aims to provide greater access to cohesive and coordinated services that align with individual needs so that more children are healthy and well prepared to thrive at school. The Department of Health has invested $12 million and the Department of Education and Training has invested approximately $30 million over three years from 2016–17 to 2018–19. Given that ensuring that services can work together in sustainable, integrated ways will be a long-term project, further funding to 2021–22 will assist communities to progress to integration at their own pace.

The Australian Government's Home Interaction Program for Parents and Youngsters (HIPPY) is a two-year, home-based parenting and early childhood program that helps parents and carers to be their child's first teacher. The HIPPY program commenced in 2016. Since then it has been implemented in 100 communities across Australia and has targeted around 4000 children each year. The program has been implemented in fifty Aboriginal and Torres Strait Islander communities.

HEARING SERVICES

To help tackle the disproportionate rate of ear and hearing problems among Aboriginal and Torres Strait Islander children,[12] from 2018–19 to 2021–22 the Australian Government is providing $30 million for the Hearing Assessment Program, which will provide hearing assessments and follow-up treatment for Aboriginal and Torres Strait Islander children before they start school.

The Hearing Assessment Program will be delivered by Australian Hearing and will focus on rural and remote locations. Australian Hearing will also continue to provide hearing devices through its Hearing Services Program.

The community controlled health sector and other health clinics that provide services for Aboriginal and Torres Strait Islander children will participate in the Hearing Assessment Program. The initiative is particularly important for young children and those transitioning into school, as hearing loss in early childhood can lead to longer-term linguistic, social and learning difficulties.

DENTAL SERVICES

In 2014–15 around a third of Aboriginal and Torres Strait Islander children aged 4 to 14 years had teeth or gum problems.[13] Cost was a major barrier for families accessing dental health services.[14] The Child Dental Benefits Schedule, which commenced in 2014, covers part or all of the cost of some dental health services for eligible families.

INFORMATION FOR PARENTS AND PROFESSIONALS

The Australian Government continues to fund the Raising Children Network website to provide up-to-date, evidence-based, independent and free information for parents and professionals working with families. The website provides resources on life transition points from pregnancy and birth to the teenage years, and issues relating to behaviour, development, health, sleep, nutrition, mental health, learning, play, safety, disability and more. The resources are regularly reviewed by Australian and international experts. While the Raising Children Network is for all Australian families, specific resources are also developed for Aboriginal and Torres Strait Islander families.

The National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families, referred to in Domain 2, is also driving the delivery of appropriate and culturally safe childhood health services.

[12] AHMAC 2017.
[13] AHMAC 2017.
[14] Durey et al. 2016 in AHMAC 2017.

TABLE 2: CHILDHOOD HEALTH AND DEVELOPMENT GOALS[15]

Goal	Progress
Increase the rate of Aboriginal and Torres Strait Islander children 0–4 years who have at least one health check in a year from 23 per cent to 69 per cent by 2023.	Although the rate of health checks among Aboriginal and Torres Strait Islander children has increased over time, the rates in the 4 years from 2014–15 to 2017–18 were all below the trajectory points required to meet this goal. The rate of health checks among Aboriginal and Torres Strait Islander children aged 0–4 varied by jurisdiction—ranging from 8 per cent in Tasmania to 51 per cent in the Northern Territory in 2017–18. **Progress towards the goal is NOT on track.**
Increase the rate of Aboriginal and Torres Strait Islander children at age 1 who are fully immunised from 85 per cent to 88 per cent by 2023.	At 31 December 2018 nationally, 92 per cent of Aboriginal and Torres Strait Islander children aged 1 year were fully immunised, compared with 94 per cent of other Australian children. Coverage rates for Aboriginal and Torres Strait Islander children ranged from 89 per cent in Western Australia to 98 per cent in Tasmania. **Progress towards the goal is on track.**
Increase the rate of Aboriginal and Torres Strait Islander children at age 2 who are fully immunised from 91 per cent to 96 per cent by 2023.	At 31 December 2018 nationally, 88 per cent of Aboriginal and Torres Strait Islander children aged 2 years were fully immunised, compared with 91 per cent of other Australian children. The immunisation coverage rates for 2-year-olds have increased slightly over the last year following successive decreases caused by changes to the National Immunisation Program Schedule requiring more vaccines for a child to be considered fully immunised. The trajectory is expected to continually increase over time. Vaccine coverage among Aboriginal and Torres Strait Islander children aged 2 years varied by type of vaccine—coverage rates for measles, mumps and rubella (MMR) (92 per cent) and for diphtheria, pertussis and tetanus (DTP) and varicella (91 per cent) were lower than for the other types of vaccines (97 per cent). **Progress towards the goal is NOT on track.**
Increase the rate of Aboriginal and Torres Strait Islander children at age 5 who are fully immunised from 92 per cent to 96 per cent by 2023.	At 31 December 2018 nationally, 97 per cent of Aboriginal and Torres Strait Islander children aged 5 years were fully immunised, compared with 95 per cent of other children. Vaccine coverage rates among Aboriginal and Torres Strait Islander

[15] AIHW 2019.

Goal	Progress
	children aged 5 ranged from 94 per cent to 98 per cent across the states and territories. **Progress towards the goal is on track**.
Increase the rate of Aboriginal and Torres Strait Islander children 5–14 years who have at least one health check in a year from 18 per cent to 46 per cent by 2023.	The rate of health checks among Aboriginal and Torres Strait Islander children aged 5–14 has increased over time, and the rates in each of the 4 years from 2014–15 to 2017–18 were at or above the trajectory points required to meet this goal. The rate of health checks among Aboriginal and Torres Strait Islander children aged 5–14 varied by jurisdiction—ranging from 8 per cent in Tasmania to 41 per cent in Queensland in 2017–18. **Progress towards the goal is on track.**

AREAS FOR FURTHER ACTION

Significant efforts have already been made to provide connected and comprehensive childhood health services. The next step is to ensure that community controlled services are equipped to offer comprehensive models of primary care, inclusive of critical health programs such as ear and eye health.

High immunisation rates remain a priority, particularly for children at age 2. To achieve this, immunisations are provided through the National Immunisation Program and additional vaccines are made available through state programs.

Cross-government collaboration is required to better share knowledge and information about the monitoring of developmental milestones and MBS item number 715 health checks. This will give a better understanding of which services are needed and where. Effort must also be better focused to support Aboriginal and Torres Strait Islander children attending item number 715 health checks, particularly within the 0 to 4 age range.

As evidence shows, the first 1000 days of a child's life are the most critical in development. A better understanding of where service gaps exist, as well as continued improvements in access to high-quality, culturally safe early childhood health services, will help to drive gains in this area.

DOMAIN 4: ADOLESCENT AND YOUTH HEALTH

Vision: Aboriginal and Torres Strait Islander youth get the services and support they need to thrive and grow into healthy adults.

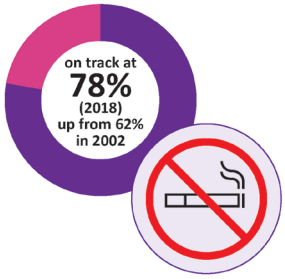
No. of deliverables	Completed deliverables	Ongoing deliverables
12	6	6

Domain 4 contains four goals and twelve deliverables. Three of the goals are on track to be achieved by 2023.

PROGRESS AGAINST DELIVERABLES

Tobacco use is one of the leading contributors to the burden of disease among Aboriginal and Torres Strait Islander people. To reduce the rate of smoking among youth, the Australian Government is delivering a number of whole-of-population and targeted initiatives.

Goal #10 – Aboriginal and Torres Strait Islander youth aged 15-17 year-olds who have never smoked from 77% to 91%



Initiatives that target the Aboriginal and Torres Strait Islander population specifically include the TIS program, which is referred to in Domain 2. TIS is a multi-component program that focuses on evidence-based activities and tobacco reduction outcomes. It includes young people as a specific target population. On 11 February 2018, Minister Wyatt announced that the TIS program would continue, with $183.7 million in funding from 2018–19 to 2021–22.

The evaluation of the TIS program has been finalised, and the findings informed the 2018–19 to 2021–22 TIS program. The final report indicates that there have been important improvements in the implementation of the program, including evidence that best practice and evidence-based population health approaches are being applied. Key findings include that TIS is on track towards achieving its medium-term and long-term outcomes, which include reduction in smoking prevalence and in exposure to second-hand smoke among Aboriginal and Torres Strait Islander people.

In addition to the TIS program, the Don't Make Smokes Your Story campaign aims to deliver personally relevant information about the health impacts of smoking and to show smokers the health benefits that quitting has for them and their communities. Evaluation findings across three phases of the Don't Make Smokes Your Story campaign found the campaign had significant impact among the target audience and that it continued to drive quitting behaviour and intentions among Aboriginal and Torres Strait Islander audiences.

Significant progress has been made since targeted investments tackling smoking by Aboriginal and Torres Strait Islander people commenced in 2010.[16] Whole-of-population initiatives, such as plain packaging and tax excise increases, have also supported this progress. In the Australian Bureau of Statistics 2014–15 National Aboriginal and Torres Strait Islander Social Survey, the proportion of youth aged between 15 and 17 years who had never smoked was reported as 78 per cent, which is an increase of 16 percentage points from 2002.

Empowering Aboriginal and Torres Strait Islander youth to be involved in developing programs to meet their needs is a strong focus in Domain 4. In 2018 the Aboriginal Health Council of Western Australia (AHCWA) launched a Western Australian Youth Health Strategy. The Australian Government is funding AHCWA to engage with counterparts in other states and territories to support the development of new approaches targeting Aboriginal and Torres Strait Islander youth health.

TABLE 3: ADOLESCENT AND YOUTH HEALTH GOALS[17]

Goal	Progress
Reduce the rate of Aboriginal and Torres Strait Islander youth aged 15–17	In 2014–15, 17 per cent of Aboriginal and Torres Strait Islander youth aged 15–17

[16] ABS 2017.
[17] AIHW 2019.

Goal	Progress
years who smoke from 19 per cent to 9 per cent by 2023.	reported being current smokers—this was a decrease from 19 per cent in 2012–13. Aboriginal and Torres Strait Islander males aged 15–17 were more likely than Aboriginal and Torres Strait Islander females of this age to be current smokers (22 per cent compared with 14 per cent). Aboriginal and Torres Strait Islander people aged 15–17 were 5 times as likely as non-Indigenous people of this age to be current smokers—17 per cent compared with 3 per cent. **Progress towards the goal is on track.**
Increase the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who have never smoked from 77 per cent to 91 per cent by 2023.	In 2014–15, the rate of Aboriginal and Torres Strait Islander people aged 15–17 who had never smoked (78 per cent) was below the trajectory point required to meet the goal (80 per cent). However, taking into account sampling error associated with the survey data, the goal can be considered on track. In 2014–15, 81 per cent of Aboriginal and Torres Strait Islander youth aged 15–17 in non-remote areas had never smoked, compared with 64 per cent in remote areas. Aboriginal and Torres Strait Islander people aged 15–17 were less likely to have never smoked than non-Indigenous people of this age—78 per cent compared with 95 per cent. **Progress towards the goal is on track.**
Increase the rate of Aboriginal and Torres Strait Islander youth aged 18–24 years who have never smoked from 42 per cent to 52 per cent by 2023.	In 2014–15, 46 per cent of Aboriginal and Torres Strait Islander people aged 18–24 reported having never smoked; and 49 per cent of Aboriginal and Torres Strait Islander people aged 18–24 in non-remote areas had never smoked, compared with 35 per cent in remote areas. Aboriginal and Torres Strait Islander people aged 18–24 were less likely to have never smoked than non-Indigenous people of this age—46 per cent compared with 70 per cent. **Progress towards the goal is on track.**
Increase the rate of Aboriginal and Torres Strait Islander youth aged 15–24 years who have at least one health check in a year from 17 per cent to 42 per cent by 2023.	While the rate of health checks among Aboriginal and Torres Strait Islander young people aged 15–24 has increased over time, the rate of change will need to increase if the goal for 2023 is to be met, with rates in each of the 4 years from 2014–15 to 2017–18 below the trajectory points required to meet this

Goal	Progress
	goal. In 2017–18, the trajectory point was 28 per cent, compared with an actual rate of 25 per cent. The rate of health checks among Aboriginal and Torres Strait Islander young people aged 15–24 varied by jurisdiction—ranging from 10 per cent in Tasmania to 32 per cent in Queensland. **Progress towards the goal is NOT on track.**

AREAS FOR FURTHER ACTION

In 2016, 19.1 per cent of Aboriginal and Torres Strait Islander people were aged 15 to 24 years (compared with 12.6 per cent of the non-Indigenous population).[18] Given the size of this cohort, a renewed focus is needed to better engage Aboriginal and Torres Strait Islander young people and support them to lead happy, healthy lives.

A social determinants approach is key to improving health and wellbeing outcomes for young Aboriginal and Torres Strait Islander people. More needs to be done across sectors to support the education and employment outcomes that lead to better health and wellbeing. Efforts should be made to ensure that young people have access to the services and supports that help remove the health-related barriers to educational attainment and engagement in employment.

Young Aboriginal and Torres Strait Islander people are experiencing higher levels of psychological stress compared with the non-Indigenous population, and suicide rates are significantly higher.[19] While effort is underway, consistent with the Fifth National Mental Health and Suicide Prevention Plan and the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing, this area must remain a priority. This will ensure that youth mental health and social support services are equipped to provide culturally safe, strengths-based care that acknowledges the impact that trauma continues to have across generations.

[18] ABS 2016.

[19] Mission Australia in association with the Black Dog Institute 2017.

DOMAIN 5: HEALTHY ADULTS

Vision: Aboriginal and Torres Strait Islander adults live long, productive lives and positively contribute to maintaining families, communities and culture, including as role models for healthy lifestyle behaviours.

No. of deliverables	Completed deliverables	Ongoing deliverables
5	3	2

Domain 5 contains two goals and five deliverables. One of the goals is on track to be achieved by 2023.

PROGRESS AGAINST DELIVERABLES

The goal of increasing the rate of health checks for adults is not on track. However, there have been improvements. The annual Indigenous specific health check (MBS item number 715) is providing a systematic approach to ensuring that assessment and screening is undertaken regularly. Nationally the number of Indigenous health checks increased from 71 400 in 2010–11 to 217,700 in 2016–17. The health check usage rate across all age groups also increased from 11 per cent in 2010–11 to nearly 29 per cent in 2016–17. This is a significant improvement and may bring about improvements in the prevention and management of chronic disease.

Following an approach to market, the Department of Health engaged the organisation 33 Creative to develop a suite of communication products promoting Aboriginal and Torres Strait Islander health assessments. A range of promotional material will be developed that targets different age and gender cohorts, with the aim of increasing rates of health assessments.

To address the under-screening of Aboriginal and Torres Strait Islander women for cervical cancer,[20] the National Cervical Screening Program has developed and leverages a range of marketing and communication materials targeted at Aboriginal and Torres Strait Islander communities. National cervical screening workshops are being provided to health care providers and health workers who have Aboriginal and Torres Strait Islander women patients. The workshops will help them to promote the benefits of cervical screening and support women who choose to participate.

Through the Department of Health, the Australian Government has also undertaken a review of programs designed to increase affordable access to, and high-quality use of, PBS medicines by Aboriginal and Torres Strait Islander people—for example, the Closing the Gap PBS Co-payment Measure. While the review found that each program has contributed to improving the supply to and quality of use of medicines by Aboriginal and Torres Strait Islander people, there are still a number of significant gaps. The Department of Health is continuing to work with key stakeholders to determine preferred reform options that can be progressed.

In February 2019, the Australian Government announced that it will provide $125 million through the Medical Research Future Fund (MRFF) for a ten-year Indigenous Health Futures research program aimed at improving Aboriginal and Torres Strait Islander health outcomes. This funding will support three flagship priorities: ending avoidable blindness, ending avoidable deafness, and ending rheumatic heart disease. Of the total, $35 million will support research into possible vaccines that could eradicate rheumatic heart disease. Aboriginal and Torres Strait Islander people are 64 times more likely than non-Indigenous people to develop rheumatic heart disease, and nearly 20 times as likely to die from it. A further $20 million from the MRFF will be invested in better understanding the genetic causes of, and treatment options for, congenital heart disease.

Up to $6 million will also be provided to help implement the recommendations of the National Strategic Action Plan for Childhood Heart Disease. This action plan will guide improvements in the care of thousands of patients across Australia. Targeted research is critical to improving Aboriginal and Torres Strait Islander people's health by improving health and knowledge translation. This is to identify key policy and program levers that can drive change.

[20] Whop et al. 2016

The Australian Government is supporting better access to, flexibility of and coordination of care for people with chronic and complex conditions, including Aboriginal and Torres Strait Islander people, through the Health Care Homes program. Through this program, a general practice or a community controlled service can become a Health Care Home that provides coordinated care for people with long-term health challenges such as diabetes, arthritis and heart and lung conditions. In December 2018, the government announced the extension of the Health Care Homes program for an additional eighteen months to 30 June 2021. The period for patient enrolment has also been extended to 30 June 2019 or until enrolment reaches the program's new patient cap of 12,000. This extension gives general practices and community controlled services that already participate in the program further time to implement new flexible models or care tailored to the needs of their patients.

TABLE 4: HEALTHY ADULT GOALS[21]

Goal	Progress
Reduce the smoking rate among Aboriginal and Torres Strait Islander peoples aged 18 plus from 44 per cent to 40 per cent by 2023.	Based on age-standardised rates, the proportion of Aboriginal and Torres Strait Islander people aged 18 and over who reported that they smoked tobacco decreased between 2002 and 2014–15 (from 49 per cent to 43 per cent). The rate in 2014–15 was similar to the trajectory point required (both 43 per cent); thus, this goal can be considered on track. Among those aged 18 and over, Aboriginal and Torres Strait Islander people were more likely than non-Indigenous Australians to smoke tobacco—age-standardised rates of 43 per cent and 16 per cent, respectively. **Progress towards the goal is on track.**
Increase the rate of Aboriginal and Torres Strait Islander adults aged 25–54 years who have had at least one health check in a year from 23 per cent to 63 per cent by 2023.	While the rate of health checks among Aboriginal and Torres Strait Islander adults aged 25–54 has increased over time, the rates in each of the 4 years from 2014–15 to 2017–18 were below the trajectory points required to meet the goal for 2023. In 2017–18, the required trajectory point was 41 per cent, compared with an actual rate of 31 per cent. The rate of health checks among Aboriginal and Torres Strait Islander adults aged 25–54 varied by jurisdiction—ranging from 15 per cent in Tasmania to 39 per cent in Queensland and the Northern Territory. **Progress towards the goal is NOT on track.**

[21] Source: AIHW 2019.

AREAS FOR FURTHER ACTION

A key finding of the My Life My Lead report is that, to achieve health equality in a generation, the continued impact of trauma as an underlying cause of poor health must be acknowledged. Moving forward, a vital step will be to increase the capability of the community controlled sector to increase the utilisation of locally relevant, trauma-informed services. Mainstream services also need to be equipped to provide high-quality, culturally safe and accessible services.

Environmental health is also an important issue. A lack of adequate and functional housing and concerns about water supply, sewerage and waste collection remain as barriers to improving all aspects of Aboriginal and Torres Strait Islander health. This is an area that needs greater collaboration across all jurisdictions and with communities supporting comprehensive regionally based solutions.

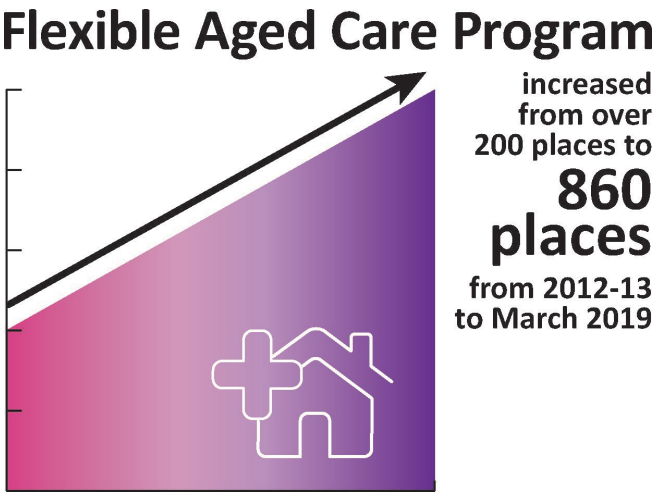
There is also a significant opportunity to strengthen the linkages between the health and justice systems, particularly given the complexity of the problems and comorbidities among the prison population and the influence this has on recidivism rates.

DOMAIN 6: HEALTHY AGEING

Vision: Older Aboriginal and Torres Strait Islander peoples remain active, healthy, independent and comfortable for as long as possible and have access to culturally secure and responsive aged care services.

No. of deliverables	Completed deliverables	Ongoing deliverables
15	10	5

Domain 6 contains three goals and fifteen deliverables. One of the goals is not on track, and the data are currently not available to track the remaining two.



Despite the lack of available data to inform progress against the goals in this domain, there is strong evidence that Australian Government investments are driving improvements by increasing access to culturally safe aged care services. For example, in 2012–13, $43.1 million was provided to expand the NATSIFAC Program progressively over five years to meet the increased need for aged care services in remote communities. This expansion was finalised in early 2018. It resulted in over 200 additional places being allocated over this period. As at 1 March 2019, there are thirty-five aged care services funded to deliver 860 aged care places, including residential and home-based care, under the NATSIFAC Program. The Department of Health is still working with key stakeholders to establish a new 32-bed aged care service in Nhulunbuy, Northern Territory, which is expected to become operational in 2020.

The 2018–19 Budget included a measure to further expand the NATSIFAC Program by $105.7 million between 2018–19 and 2021–22 in remote and very remote Australia. It is expected that, as a result of this measure, more than 900 older First Nations people in remote Australia will have access to residential and home-based aged care services that are close to home and community.

The May 2017 Australian National Audit Office report on the effectiveness of Australian Government funded aged care services delivered to Aboriginal and Torres Strait Islander people identified that the NATSIFAC Program has been effective in increasing elderly Aboriginal and Torres Strait Islander people's access to culturally appropriate aged care services.

Under the Aged Care Diversity Framework, an action plan is being developed to assist government and aged care service providers to address specific barriers and challenges that older Aboriginal and Torres Strait Islander people face when they are accessing and receiving aged care services. The action plan is being developed by an Aboriginal and Torres Strait Islander reference group under the Aged Care Sector Committee Diversity Sub-group and is informed by extensive public and aged care sector consultations.

The Caring for Forgotten Australians, Former Child Migrants and Stolen Generations Information Package, released in 2016, informs aged care providers of the unique experiences of members of these groups and how their experiences impact on their aged care needs. This knowledge will enable aged care providers to provide better quality and more culturally appropriate care.

TABLE 5: HEALTHY AGEING GOALS[22]

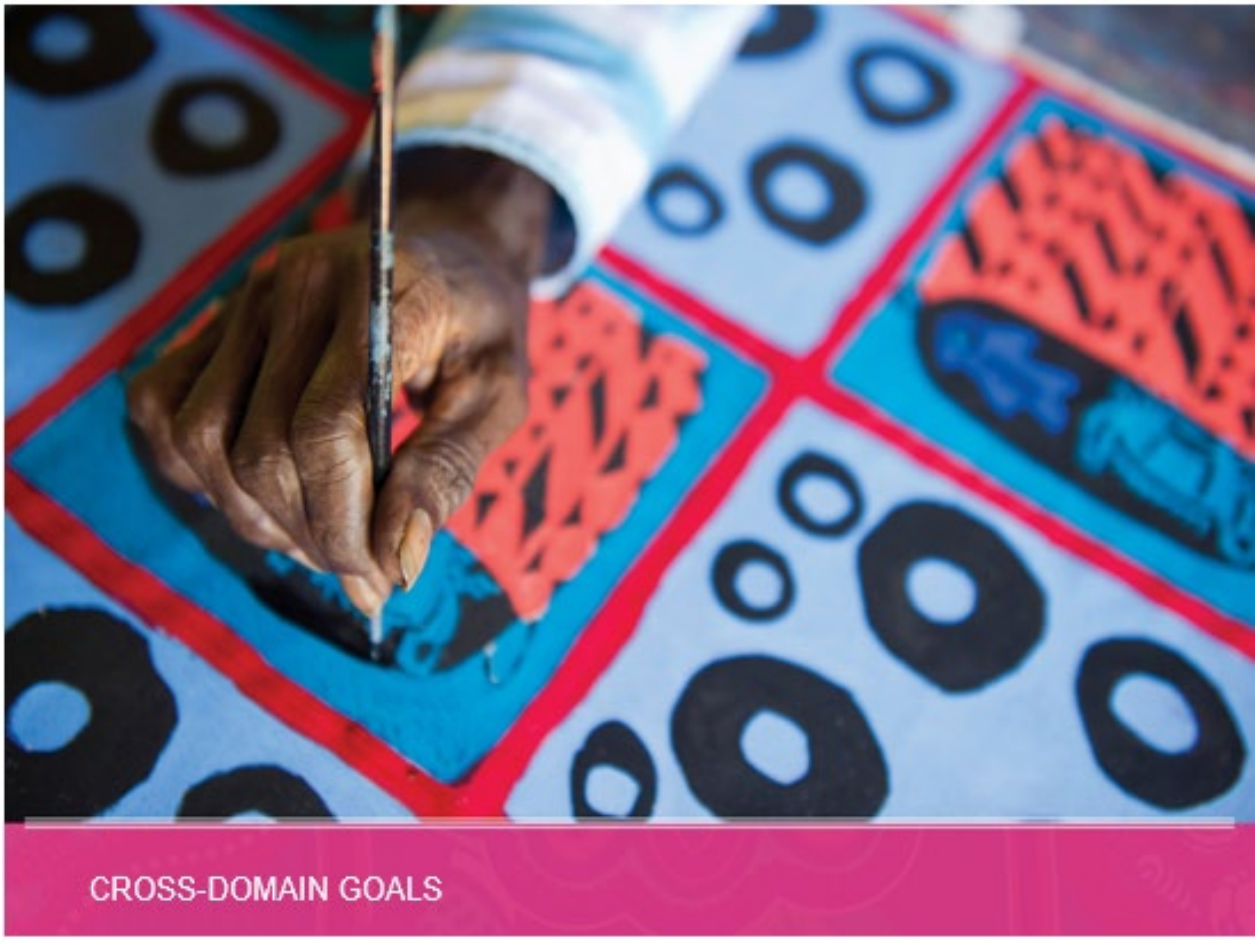
Goal	Progress
Increase the rate of Aboriginal and Torres Strait Islander adults aged 55 plus who have at least one health check in a year from 33 per cent to 74 per cent by 2023.	While the rate of health checks among Aboriginal and Torres Strait Islander adults aged 55 and over has increased over time, the rates in the 4 years from 2014–15 to 2017–18 were below the trajectory points required to meet the goal for 2023. In 2017–18, the required trajectory point was 51 per cent, compared with an actual rate of 43 per cent. The rate of health checks among Aboriginal and Torres Strait Islander adults aged 55 and over varied by jurisdiction—ranging from 28 per cent in Victoria to 54 per cent in Queensland in 2017–18. **Progress towards the goal is NOT on track.**
Increase the rate of Aboriginal and Torres Strait Islander adults aged 50 plus who are immunised against influenza from 57 per cent to 64 per cent by 2023.	No new data have become available for this indicator since the Implementation Plan goal was set, so there are insufficient data to determine if progress towards the goal is on track.
Increase the rate of Aboriginal and Torres Strait Islander adults aged 50 plus who are immunised against pneumonia from 29 per cent to 33 per cent by 2023.	No new data have become available for this indicator since the Implementation Plan goal was set, so there are insufficient data to determine if progress towards the goal is on track.

AREAS FOR FURTHER ACTION

As outlined in the My Life My Lead report, the importance of culture cannot be understated. It is vital that this is a key consideration in the design, development and implementation of services and supports for elders.

Building on existing momentum, there is opportunity to target effort that further supports healthy ageing across Aboriginal and Torres Strait Islander communities. Further work must be done to provide greater support for ageing on country, ensuring access to the supports and services that enable elders to remain on their land as they grow older. There are also opportunities to consider ways to improve access to culturally safe, trauma-informed dementia and palliative care services. This will require cross-jurisdictional effort in collaboration with communities.

[22] AIHW 2019.



There are three cross-domain goals that relate to health checks for Aboriginal and Torres Strait Islander people with type 2 diabetes.

PROGRESS AGAINST DELIVERABLES

The Australian National Diabetes Strategy 2016–2020 was launched in November 2015. Its implementation plan was launched in December 2017. This implementation plan identifies the goal of reducing the impact of diabetes among Aboriginal and Torres Strait Islander people and outlines measures that have been agreed by all jurisdictions regarding the prevention, early detection and management of diabetes.

Furthermore, in February 2017, all Health Ministers endorsed the National Strategic Framework for Chronic Conditions (NSFCC), which provides the overarching policy framework for the prevention and management of chronic conditions, including diabetes. The NSFCC identifies Aboriginal and Torres Strait Islander health as a strategic priority area and includes a focus on the provision of culturally appropriate, locally responsive health services to prevent and better manage chronic disease.

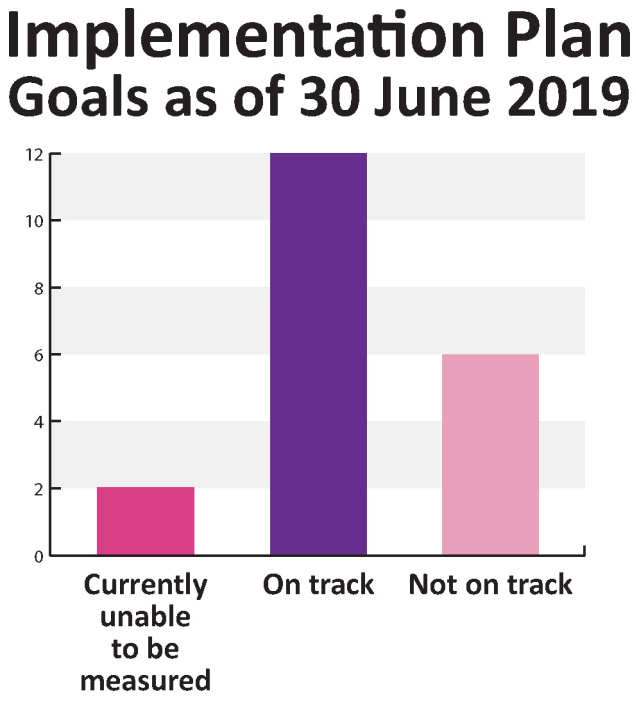
TABLE 6: CROSS-DOMAIN GOALS[23]

Goal	Progress
Increase the rate of Aboriginal and Torres Strait Islander peoples with type 2 diabetes who have regular HbA1c checks from 65 per cent to 69 per cent by 2023.	Nationally, in June 2018, among Aboriginal and Torres Strait Islander regular clients with type 2 diabetes 66% had their HbA1c result recorded within the previous 12 months. The proportion who had their HbA1c result recorded was lowest in New South Wales and the Australian Capital Territory (62%) and highest in Queensland and Western Australia (70%). **Progress towards the goal is on track.**
Increase the rate of Aboriginal and Torres Strait Islander peoples with type 2 diabetes who have regular blood pressure tests from 65 per cent to 70 per cent by 2023.	Nationally, in June 2018, among Aboriginal and Torres Strait Islander regular clients with type 2 diabetes 66% had their blood pressure result recorded within the previous 6 months. The proportion who had their blood pressure result recorded was lowest in the Northern Territory (63%) and highest in Queensland (71%). **Progress towards the goal is on track.**
Increase the rate of Aboriginal and Torres Strait Islander peoples with type 2 diabetes who have renal function tests from 65 per cent to 69 per cent by 2023.	Nationally, in June 2018, among Aboriginal and Torres Strait Islander regular clients aged 15 and over with type 2 diabetes, 62% had a kidney function test result recorded within the previous 12 months. A higher percentage of males aged 15–24 with type 2 diabetes had a kidney function test recorded in the past 12 months than females (57% compared with 50%). In all other age groups, percentages were broadly similar for males and females. **Progress towards the goal is NOT on track.**

[23] Source: AIHW 2019.

NEXT STEPS

This report card demonstrates that health outcomes for Aboriginal and Torres Strait Islander peoples continue to improve, with twelve of the twenty goals currently on track to be achieved by 2023 (noting that two goals currently cannot be measured) and a range of improvements across broader health and social outcomes. However, there is still more work to be done to accelerate progress and tackle some of the health issues that continue to have a disproportionate impact on the health of Aboriginal and Torres Strait Islander people.



A SOCIAL DETERMINANTS AND CULTURAL DETERMINANTS OF HEALTH APPROACH

There is ongoing awareness of the importance of social determinants and cultural determinants in health outcomes. Poor health impacts negatively on wellbeing. It may limit participation in daily activities or prevent people from living a meaningful life and reduce a person's sense of fulfilment and purpose. Conversely, good health builds the foundations for a good life and supports greater opportunities and wellbeing over the life course. A healthy child is more likely to engage at school. Those who have completed secondary school are more likely to be employed. Those who are employed have a regular source of income and are therefore more likely to live in a house in good repair.

At least 34.4 per cent of the health gap for Aboriginal and Torres Strait Islander peoples is linked to the social determinants outside the health system, such as housing, education, employment, and interactions with the justice system. This figure rises to 53.2 per cent when combined with behavioural risk factors. This evidence suggests that a social determinants approach is key to accelerating progress towards improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples. To achieve this, a whole-of-governments approach is required to address social determinants across a range of socio-economic areas, including education, employment, justice and community environment. Health and wellbeing need to be considered through a holistic, whole-of-life lens, with a focus on establishing the foundations that maximise opportunities for good health throughout life.

The cultural determinants of health encompass the cultural factors that promote resilience, foster a sense of identity and support good mental and physical health and wellbeing for individuals, families and communities. While the concept of cultural determinants of health is less understood than the social determinants of health, strong evidence is emerging on the various ways that culture can support better health outcomes.

The cultural determinants of health are just as important as social determinants of health for Aboriginal and Torres Strait Islander peoples, because a strong connection to culture is strongly correlated with good health through strengthened identity, resilience and wellbeing. Emerging evidence indicates that policies, programs and services are more likely to make a positive difference if they adopt a strengths-based approach that acknowledges the importance of culture and family for

Aboriginal and Torres Strait Islander peoples and builds the capacity of individuals and communities to exercise choice and control, contributing to greater resilience and wellbeing.

NEXT ITERATION OF THE IMPLEMENTATION PLAN AND THE CLOSING THE GAP REFRESH

In December 2017, the Australian Government released the My Life My Lead report. As previously outlined, this report outlines opportunities for strengthening approaches to the social determinants and cultural determinants of health for Aboriginal and Torres Strait Islander peoples. It was informed by a national consultation process that involved wide-ranging community forums (with over 600 people) and over 100 written submissions. The My Life My Lead report is an important document that will guide the formation of the next iteration of the Implementation Plan. The social determinants and cultural determinants of health will be a key feature in efforts to accelerate progress toward Closing the Gap in health outcomes.

The next iteration of the Implementation Plan also provides the opportunity to review the goals and deliverables and address areas of critical need. As previously outlined, it is important to consider the impacts of intergenerational trauma, which have contributed significantly to poor health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples. There is further opportunity to consider how governments can work differently to better support improved health outcomes for Aboriginal and Torres Strait Islander peoples, such as identifying approaches that ensure population health impacts are considered across government at key junctions in the policy and program cycle.

In December 2018, COAG committed to forming a genuine formal partnership with Aboriginal and Torres Strait Islander peoples to finalise the Closing the Gap Refresh and provide a forum for ongoing engagement throughout implementation of the new agenda. A formal Partnership Agreement between COAG and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations (Coalition of Peaks) came into effect in March 2019. The partnership is based on mutual respect between parties and an acceptance that direct engagement and negotiation is the preferred pathway to productive and effective outcomes.

COAG has also released a draft Closing the Gap framework that includes draft targets, accountabilities and reporting requirements as a basis for further discussion with Aboriginal and Torres Strait Islander people and communities. The next iteration of the Implementation Plan will closely align with the refreshed Closing the Gap framework as a component of the broader cross-government collaborative effort to drive positive change.

GLOSSARY

Aboriginal and Torres Strait Islander definition of health

Aboriginal and Torres Strait Islander peoples view health in a holistic context, as reflected in the holistic definition of health contained within the 1989 National Aboriginal Health Strategy:

'*Aboriginal health' means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life–death–life.*

Aboriginal Community Controlled Health Service

Community control is a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the community. Aboriginal community control has its origins in Aboriginal peoples' right to self-determination. This includes the right to be involved in health service delivery and decision-making according to protocols or procedures determined by Aboriginal communities based on the Aboriginal holistic definition of health.

An Aboriginal Community Controlled Health Service is:

- an incorporated Aboriginal organisation
- initiated by a local Aboriginal community
- based in a local Aboriginal community
- governed by an Aboriginal body which is elected by the local Aboriginal community
- delivering a holistic and culturally appropriate health service to the community which controls it.

Aboriginal Health Council of Western Australia (AHCWA)

AHCWA is the peak body for Aboriginal Community Controlled Health Services in Western Australia. It launched the Western Australian Youth Health Strategy in 2018. AHCWA is funded by the Australian Government to engage with counterparts in other states and territories to support the development of new approaches targeting Aboriginal and Torres Strait Islander youth health.

Australian Health Ministers' Advisory Council (AHMAC)

AHMAC is the advisory and support body to the COAG Health Council. It operates to deliver health services more efficiently through a coordinated or joint approach on matters of mutual interest.

Australian Institute of Health and Welfare (AIHW)

The AIHW produces high-quality reports and other information products on key health and welfare issues in Australia. These are used to improve the delivery of health and welfare for Australians.

Better Start to Life

The Australian Government Better Start to Life approach targets the health of Indigenous mothers and babies so that children are given the best possible start to life.

Child mortality

‘Child mortality’ refers to the death of a child before the age of 5.

Chronic diseases

‘Chronic diseases’ refers to a diverse group of diseases, such as heart disease, cancer and arthritis, that tend to be long-lasting and persistent in their symptoms or development. Although these features also apply to some communicable diseases (infections), the term is usually used for non-communicable diseases.

Closing the Gap

Closing the Gap is a commitment made by Australian governments in 2008 to improve the lives of Aboriginal and Torres Strait Islander Australians. The Council of Australian Governments (COAG) has agreed to seven specific targets and timelines to reduce disadvantage among Aboriginal and Torres Strait Islander people.

These targets acknowledge the importance of reducing the gap in health outcomes and improving the social determinants of health. They are:

- to close the life expectancy gap within a generation
- to halve the gap in mortality rates for Aboriginal and Torres Strait Islander children under five within a decade
- to ensure access to early childhood education for all Aboriginal and Torres Strait Islander 4-year-olds in remote communities within five years
- to halve the gap in reading, writing and numeracy achievements for children within a decade
- to close the gap between Aboriginal and Torres Strait Islander and non-Indigenous school attendance within five years (2018)
- to halve the gap in Aboriginal and Torres Strait Islander people’s year 12 (or equivalent) attainment rates by 2020
- to halve the gap in employment outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within a decade.

Council of Australian Governments (COAG)

COAG is the peak intergovernmental forum in Australia. The members of COAG are the Prime Minister, state and territory First Ministers and the President of the Australian Local Government Association. The Prime Minister chairs COAG.

Cultural determinants of health

Cultural determinants originate from and promote a strengths-based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health, including education, economic stability and community safety.

Cultural respect

‘Cultural respect’ refers to recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples.

Cultural Respect Framework

In 2016, the AHMAC endorsed the Cultural Respect Framework 2016–2026, which commits the Australian Government and all states and territories to embedding cultural respect principles into their health systems.

Cultural safety

'Cultural safety' identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients' rights. Part of this process requires health professionals to examine their own realities, beliefs and attitudes. Cultural safety is not defined by the health professional; it is defined by the health consumer's experience—the individual's experience of the care they are given and their ability to access services and raise concerns.[24]

Department of the Prime Minister and Cabinet (PMC)

PMC coordinates and develops policy across the government in economic, domestic and international issues, Aboriginal and Torres Strait Islander affairs and public service stewardship.

Diabetes

Diabetes is a chronic condition marked by high levels of glucose in the blood. This condition is caused by the inability to produce insulin (a hormone produced by the pancreas to control blood glucose levels), or when the insulin produced becomes less effective, or both. The three main types are type 1, type 2 and gestational diabetes.

Environmental health

Environmental health involves those aspects of public health concerned with the factors, circumstances and conditions in the environment or surroundings of humans that can exert an influence on health and wellbeing—for example, sanitation, drinking water quality, food safety, disease control and housing conditions.

This definition excludes behaviour not related to environment, behaviour related to the social and cultural environment, and genetics.

Fetal Alcohol Spectrum Disorder (FASD)

FASD refers to a range of problems caused by exposure of a fetus to alcohol during pregnancy.

Health care

'Health care' refers to services provided to individuals or communities to promote, maintain, monitor or restore health. Health care is not limited to medical care and includes self-care.

[24] Papps & Ramsden 1996.

Health status

Health status is a holistic concept that is determined by more than the presence or absence of any disease. It is often summarised by life expectancy or self-assessed health status. More broadly, it includes measures of functioning, physical illness and mental wellbeing.

Health system

The health system includes all of the activities whose primary purpose is to promote, restore and/or maintain health; and the people, institutions and resources arranged together in accordance with established policies to improve the health of the population they serve while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health.

Healthcare provider

A healthcare provider is a health professional or health organisation involved in supplying health services.

Home Interaction Program for Parents and Youngsters (HIPPY)

HIPPY is a two-year, home-based parenting and early childhood learning program that empowers parents and carers to be their child's first teacher.

Immunisation

Immunisation is the action of making a person or animal immune to infection. It is also known as vaccination.

Implementation Plan Advisory Group (IPAG)

IPAG was established to review, assess and guide action under the Implementation Plan.

Indicator (health indicator)

An indicator is a key statistic that indicates an aspect of population health status, health determinants, interventions, services or outcomes. Indicators are designed to help to assess progress and performance as a guide to decision-making. They may have an indirect meaning as well as a direct one. For example, Australia's overall death rate is a direct measure of mortality but is often used as a major indicator of population health.

Indigenous Australians' Health Programme (IAHP)

The objective of the IAHP is to provide Aboriginal and Torres Strait Islander people with access to effective, high-quality, comprehensive, culturally appropriate, primary health care services in urban, regional, rural and remote locations across Australia. This includes through Aboriginal Community Controlled Health Services, wherever possible and appropriate, as well as services across the entire health system that deliver comprehensive, culturally appropriate primary health care.

Life course

The life course is the period from birth through to death.

Measles–Mumps–Rubella (MMR)

MMR refers to the three different communicable diseases immunised against using the one injection—the MMR vaccine.

Medicare Benefits Schedule (MBS)

The MBS is a listing of the Medicare services subsidised by the Australian Government.

Medical Research Future Fund

The Medical Research Future Fund provides grants of financial assistance to support health and medical research and innovation, with the objective of improving the health and wellbeing of Australians.

National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC)

NATSIHSC is a standing committee under the Health Services Principal Committee.

National Aboriginal Community Controlled Organisation (NACCHO)

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues.

National Aboriginal Community Controlled Organisation Affiliates (NACCHO Affiliates)

NACCHO has eight affiliates—one for each state and territory. These affiliates have a number of full and associate members (except in the ACT and Tasmania, which have just one service each).

National Framework for Continuous Quality Improvement

The National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People has been designed to provide practical support for all primary health care organisations in their efforts to ensure that the health care they provide is high-quality, safe, effective, responsive and culturally respectful.

National Health Leadership Forum (NHLF)

The NHLF is a partnership of national Aboriginal and Torres Strait Islander organisations that:

- collectively represent a united voice on Aboriginal and Torres Strait Islander health and wellbeing with expertise across service delivery, workforce, research, healing and mental health, and social and emotional wellbeing
- operate as a partnership mechanism at the national level to work with Australian governments in developing, implementing and monitoring Aboriginal and Torres Strait Islander health policy and planning, including the National Aboriginal and Torres Strait Islander Health Plan.

National Immunisation Program (NIP) Schedule

The NIP Schedule is a series of immunisations given at specific times throughout a person's life, from birth through to adulthood.

Perinatal

'Perinatal' refers to the period shortly before or after birth (usually up to 28 days after).

Pharmaceutical Benefits Scheme (PBS)

The PBS is a national, government-funded scheme that subsidises the cost of a wide range of pharmaceutical drugs. It covers all Australians to help them to afford standard medications.

Primary health care

The World Health Organization Alma-Ata declaration of 1978 defines 'primary health care' as essential health care based on practical, scientifically sound and socially acceptable methods and

technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part of both the country's health system, of which it is the central function and main focus, and the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work. It constitutes the first element of a continuing health care process.

Racism

Racism is a key social determinant of health for Aboriginal and Torres Strait Islander peoples. It can deter people from achieving their full capabilities by debilitating confidence and self-worth. This in turn leads to poorer health outcomes. Evidence suggests that racism experienced in the delivery of health services contributes to low levels of access to health services by Aboriginal and Torres Strait Islander people.

Respiratory disease

'Respiratory disease' refers to conditions, such as asthma and pneumonia, that affect the respiratory system, which includes the lungs and airways.

Risk factors

Risk factors are the factors that are associated with a greater likelihood of ill health, disability, disease or death. They may be behavioural, biomedical, environmental, genetic, or demographic. Risk factors often coexist and interact with one another.

Social determinants of health

Social determinants of health are the conditions in which people are born, grow, live, work and age, which all have an impact on an individual's health. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

Strengths-based approach

A strengths-based approach views situations realistically and looks for opportunities to complement and support existing strengths and capacities. It can be contrasted with a deficits-based approach, which focuses on the problem or concern.

System levers

System levers are tools that can be used to effect change and influence outcomes across the health system.

Systemic racism

'Systemic racism' refers to the failure of the health system to provide an appropriate and professional service to people because of their colour, culture or ethnic origin.

Tackling Indigenous Smoking (TIS)

TIS is a program that aims to improve the health of Aboriginal and Torres Strait Islander people by reducing the prevalence of tobacco use. The TIS program is managed and funded by the Australian Government Department of Health's Indigenous Health Division.

Telehealth

Telehealth services use information and communications technologies to deliver health services and transmit health information over both long and short distances.

Tertiary health care

'Tertiary health care' refers to highly specialised or complex services, such as cancer treatment and complex surgery, that are provided by specialists or allied health professionals in a health care setting—typically a hospital.

Wellbeing

Wellbeing is a state of health, happiness and contentment along with security. It can also be described as judging life positively and feeling good. For public health purposes, physical wellbeing (for example, feeling very healthy and full of energy) is also viewed as critical to overall wellbeing. Wellbeing is typically measured through self-reports. Indicators such as household income, unemployment levels and neighbourhood crime can also be used.

APPENDIX A: SUMMARY OF PROGRESS AGAINST IMPLEMENTATION PLAN GOALS

Domain	Goal		Progress
2—Maternal Health and Parenting	1	Increase the rate of Aboriginal and Torres Strait Islander women attending at least one antenatal visit in the first trimester from 51% to 60% by 2023.	On track
	2	Increase the rate of Aboriginal and Torres Strait Islander women attending at least five antenatal care visits from 84% to 90% by 2023.	On track
	3	Decrease the rate of Aboriginal and Torres Strait Islander women who smoke during pregnancy from 47% to 37% by 2023.	On track
3—Childhood Health and Development	4	Increase the rate of Aboriginal and Torres Strait Islander children aged 0–4 years who have at least one health check in a year from 23% to 69% by 2023.	Not on track
	5	Increase the rate of Aboriginal and Torres Strait Islander children at age 1 who are fully immunised from 85% to 88% by 2023.	On track
	6	Increase the rate of Aboriginal and Torres Strait Islander children at age 2 who are fully immunised from 91% to 96% by 2023.	Not on track
	7	Increase the rate of Aboriginal and Torres Strait Islander children at age 5 who are fully immunised from 92% to 96% by 2023.	On track
	8	Increase the rate of Aboriginal and Torres Strait Islander children 5–14 years who have at least one health check in a year from 18% to 46% by 2023.	On track
4—Adolescent and Youth Health	9	Reduce the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who smoke from 19% to 9% by 2023.	On track
	10	Increase the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who have never smoked from 77% to 91% by 2023.	On track
	11	Increase the rate of Aboriginal and Torres Strait Islander youth aged 18–24 years who have never smoked from 42% to 52% by 2023.	On track

Domain	Goal		Progress
	12	Increase the rate of Aboriginal and Torres Strait Islander youth aged 15–24 years who have at least one health check in a year from 17% to 42% by 2023.	Not on track
5—Healthy Adults	13	Reduce the smoking rate among Aboriginal and Torres Strait Islander peoples aged 18 plus from 44% to 40% by 2023.	On track
	14	Increase the rate of Aboriginal and Torres Strait Islander adults aged 25–54 years who have had at least one health check in a year from 23% to 63% by 2023.	Not on track
6—Healthy Ageing	15	Increase the rate of Aboriginal and Torres Strait Islander adults aged 55 plus who have at least one health check in a year from 33% to 74% by 2023.	Not on track
	16	Increase the rate of Aboriginal and Torres Strait Islander adults aged 50 plus who are immunised against influenza from 57% to 64% by 2023.	Unable to track
	17	Increase the rate of Aboriginal and Torres Strait Islander adults aged 50 plus who are immunised against pneumonia from 29% to 33% by 2023.	Unable to track
Cross-Domain Goals	18	Increase the rate of Aboriginal and Torres Strait Islander peoples with type 2 diabetes who have regular HbA1c checks from 65% to 69% by 2023.	On track
	19	Increase the rate of Aboriginal and Torres Strait Islander peoples with type 2 diabetes who have regular blood pressure tests from 65% to 70% by 2023.	On track
	20	Increase the rate of Aboriginal and Torres Strait Islander peoples with type 2 diabetes who have renal function tests from 65% to 69% by 2023.	Not on track

APPENDIX B: SUMMARY OF PROGRESS AGAINST IMPLEMENTATION PLAN DELIVERABLES

TABLE 7: SUMMARY OF PROGRESS AGAINST DELIVERABLES*

Domain	No. of deliverables	Completed deliverables	Ongoing deliverables
1—Health System Effectiveness	44	28	16
2—Maternal Health and Parenting	19	14	5
3—Childhood Health and Development	11	8	3
4—Adolescent and Youth Health	12	6	6
5—Healthy Adults	5	3	2
6—Healthy Ageing	15	10	5
TOTAL	106	69	37

*As at 31 December 2018.

APPENDIX C: LIST OF DELIVERABLES BY DOMAIN

Domain	Deliverable number	Deliverables 2018 (as per the original Implementation Plan)	Status
1—Health Systems Effectiveness	1	1A1: Methodology to map health needs, workforce capability and service capacity has been developed. Focus will be targeted to areas with poor health outcomes and inadequate services. Systematic assessment of health outcomes/needs, workforce capability and service capacity undertaken to inform the development of the core services model, future workforce requirements and investment and capacity-building priorities.	**Complete**
	2	1A2: National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care has been implemented to support the health sector to use clinical data for health planning to improve health practice and service delivery.	**Complete**
	3	1A3: Core services framework for comprehensive primary health care and access to specialist medical care has been defined and considered by the Minister as a matter of priority. (This model will be influenced by, and will directly influence, the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework).	**Ongoing**
	4	1A4: Indigenous Australians' Health Programme (IAHP) guidelines have been developed, agreed and implemented.	**Complete**
	5	1B1: System levers and accountability mechanisms established for addressing racism and discrimination have been developed and their implementation promoted.	**Complete**
	6	1B2: Indicators for measuring cultural safety, such as discharge from hospitals without medical advice, and elimination of the differentials in access to best-practice clinical care for Aboriginal and Torres Strait Islander patients irrespective of geography and socio-economic status will be considered in the preparation of the data development plan.	**Complete**

Domain	Deliverable number	Deliverables 2018 (as per the original Implementation Plan)	Status
	7	1B3: The development, implementation and review of good practice models for culturally safe service delivery with structured clinical decision-making tools to support consistent standards for diagnosis, treatment and rehabilitation (e.g. Essential Service Standards for Equitable National Cardiovascular Care (ESSENCE) standards on cardiovascular care) have been supported, disseminated and promoted.	**Complete**
	8	1B4: Support the revision of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004–2009 commissioned by AHMAC.	**Complete**
	9	1B5: Actions consistent with the National Disability Strategy 2010–2020.	**Ongoing**
	10	1B6: The development and usage of a national framework that drives improved access to specialist medical care and integration of care across the health sectors.	**Complete**
	11	1C1: Prevention and early intervention programmes (including programmes that focus on chronic diseases, e.g. including diabetes, cancer, heart health; oral, ear and eye health; mental health conditions and illness; suicide prevention; tobacco and alcohol and drug use) have been developed, supported and implemented.	**Ongoing**
	12	1C2: A National Strategic Framework for Chronic Conditions (NSFCC) that caters for shared health determinants, risk factors and multiple comorbidities across a broad range of chronic conditions (e.g. diabetes and cardiovascular disease) in a culturally appropriate manner has been developed and is being implemented.	**Complete**
	13	1C3: Development and implementation of a National Diabetes Strategy.	**Complete**
	14	1C4: A coordination mechanism has been established to undertake a nutrition framework gap analysis and address identified gaps.	**Ongoing**

Domain	Deliverable number	Deliverables 2018 (as per the original Implementation Plan)	Status
	15	1C5: The Implementation Plan under the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss 2014 has been implemented.	**Complete**
	16	1C6: The National Road Safety Strategy 2011–2020 has been implemented.	**Ongoing**
	17	1C7: Implementation of the National Disability Insurance Scheme.	**Ongoing**
	18	1C8: Rates of health assessments increase in line with goals.	**Ongoing**
	19	1C9: Finalisation and implementation of the draft National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2014–2019 subject to the government's authorisation to proceed.	**Complete**
	20	1C10: Implementation of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, pending authorisation to proceed in the government's response to the National Mental Health Commission Report.	**Complete**
	21	1C11: The government's response to the National Mental Health Commission Report has addressed the needs of Aboriginal and Torres Strait Islander peoples as a priority group.	**Complete**
	22	1C12: Social and emotional wellbeing and alcohol and other drug services have been funded under the Indigenous Advancement Strategy (IAS).	**Complete**
	23	1C13: Where relevant, the MBS review and Primary Health Care review have considered how services can be better aligned with contemporary clinical evidence and support general practitioners (GPs) to provide culturally safe care to improve health (including mental health) outcomes for Aboriginal and Torres Strait Islander patients.	**Ongoing**

Domain	Deliverable number	Deliverables 2018 (as per the original Implementation Plan)	Status
	24	1D1: States and territories, the Australian Government and NACCHO Affiliates have revised, updated and implemented work plans that address regional health plan priorities as required under their respective framework agreements (e.g. access to hospital, dental and sexually transmissible infection services).	**Complete**
	25	1D2: Health needs and workforce development requirements have been considered in the development of the PMC and Primary Health Networks planning processes.	**Ongoing**
	26	1D3: Formal mechanisms (e.g. partnerships) for cooperation between governments, ACCHOs, Primary Health Networks, private sector and other service providers to improve patient journeys.	**Complete**
	27	1D4: Existing accreditation arrangements to promote improved patient journeys for Aboriginal and Torres Strait Islander peoples in secondary and tertiary care have been implemented, monitored and reviewed.	**Complete**
	28	1D5: Australian Government mental health, social and emotional wellbeing, alcohol and drug use, and suicide prevention strategies have been coordinated.	**Ongoing**
	29	1D6: Existing local, regional, state and territory activity has been reviewed to assess health literacy and a coordinated strategy to address health literacy implemented.	**Complete**
	30	1E1: The existing National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015) and work plan have been implemented.	**Complete**
	31	1E2: The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015) has been reviewed and a new framework developed and implemented.	**Ongoing**

Domain	Deliverable number	Deliverables 2018 (as per the original Implementation Plan)	Status
	32	1E3: Training needs of health sector staff working with Aboriginal and Torres Strait Islander peoples have been identified and addressed, including the development and delivery of new training programmes.	**Ongoing**
	33	1E4: Capability of eHealth and existing commonly used websites (e.g. Raising Children Network) has been assessed and utilised efficiently.	**Complete**
	34	1E5: Standards for the use of telehealth strategies have been developed.	**Ongoing**
	35	1F1: A data development plan, which identifies and measures new indicators to measure Health Plan outcomes, has been developed and implemented.	**Complete**
	36	1F2: The Aboriginal and Torres Strait Islander Health Performance Framework has been used to guide program development and reporting.	**Complete**
	37	1F3: Organisations can monitor their performance relative to others through National Key Performance Indicators (nKPI), CQI and Online Service Report data.	**Complete**
	38	1F4: At least 5% of National Health and Medical Research Council (NHMRC) funding is directed to Aboriginal and Torres Strait Islander health.	**Complete**
	39	1F5: The importance of better health outcomes for Aboriginal and Torres Strait Islander peoples will be taken into account as part of the Medical Research Future Fund through the development of the Australian Medical Research and Innovation Strategy and the Australian Medical Research and Innovation Priorities.	**Ongoing**
	40	1F6: Promotion of research partnerships between policy-makers, programme managers, service providers and researchers to evaluate the effectiveness of programmes and share learnings and knowledge.	**Complete**

Domain	Deliverable number	Deliverables 2018 (as per the original Implementation Plan)	Status
	41	1F7: Implementation of the AIHW and ABS Data Acquisition and Collection program (under the National Indigenous Reform Agreement (NIRA)) has been reported to the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID).	**Complete**
	42	1F8: Research developed within existing resources, approved and funded.	**Complete**
	43	1F9: The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey nutrition and biomedical data has been utilised to identify new evidence-based research and strategies to support good nutrition and physical activity choices and to identify unmet need in primary health care.	**Ongoing**
	44	1F10: The feasibility of developing a National 'Nutritional Risk' Scheme for at-risk mothers, infants and children has been explored and responded to.	**Ongoing**
2—Maternal Health and Parenting	45	2A1: MBS Adolescent Health Check diagnostic tool has been developed.	**Ongoing**
	46	2A2: Culturally appropriate family planning training for GPs, allied health practitioners and school teachers has been developed.	**Complete**
	47	2A3: Strategies for increasing access for Aboriginal and Torres Strait Islander women to screening for fetal anomalies have been explored.	**Complete**
	48	2A4: Women are attending at least five antenatal visits, with at least one in the first trimester.	**Ongoing**
	49	2A5: National Fetal Alcohol Spectrum Disorders (FASD) Action Plan has been implemented, including the development of prevention and health promotion resources.	**Complete**

Domain	Deliverable number	Deliverables 2018 (as per the original Implementation Plan)	Status
	50	2A6: A National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families has been agreed, disseminated and implemented.	**Complete**
	51	2A7: New approaches to support reduction in smoking levels in pregnant women and families to reduce harm have been developed and implemented.	**Complete**
	52	2A8: Australian, state and territory governments have considered how the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019 can be used to develop and implement relevant policies and programmes to reduce harmful consumption and use of other drugs by women having an Aboriginal and/or Torres Strait Islander baby.	**Ongoing**
	53	2A9: Nutritional framework gap analysis considers actions responding to identified risks for pregnant mothers and infants (e.g. folate levels, Body Mass Index (BMI) and appropriate levels of weight gain during pregnancy) (see the Health Systems Effectiveness domain).	**Ongoing**
	54	2A10: Initiatives that increase access and take-up of smoking cessation (e.g. pharmacotherapy, culturally appropriate quit smoking programmes) have been supported.	**Complete**
	55	2A11: The National Immunisation Program to increase uptake among Aboriginal and Torres Strait Islander families has been promoted.	**Ongoing**
	56	2A12: Access to website materials (e.g. Raising Children Network) that provide culturally appropriate information to Aboriginal and Torres Strait Islander families and practitioners has been supported.	**Complete**

Domain	Deliverable number	Deliverables 2018 (as per the original Implementation Plan)	Status
	57	2B1: Development of measures to identify the most vulnerable families and at-risk regions to guide future New Directions: Mothers and Babies Services and Australian Nurse–Family Partnership Program (ANFPP) expansions, including a specific module to be added to the ANFPP to reduce the risk and impact of domestic violence (announced as part of the Women's Safety Package).	**Complete**
	58	2B2: Strategies have been developed and implemented.	**Complete**
	59	2B3: The National Maternity Services Action Plan has been implemented and reviewed.	**Complete**
	60	2B4: Birthing on Country report has been finalised and pilot sites selected.	**Complete**
	61	2B5: Exploration of the appropriateness, effectiveness and cost effectiveness of Midwifery Group Practice initiatives has been undertaken.	**Complete**
	62	2C1: Aboriginal health partnership forums with states and territories will consider the incorporation of parenting programs in their respective work plans.	**Complete**
	63	2C2: Support integrated services models through early childhood community hubs.	**Complete**
3—Childhood Health and Development	64	3A1: An evidence-based interdisciplinary planning framework to support coordinated, integrated action on childhood health and development at the local level has been developed and implemented.	**Complete**
	65	3A2: Use the Australian Early Development Census (AEDC) as an input to priority setting and planning for health services.	**Complete**
	66	3A3: Strengths-based family assessment tools are piloted to facilitate a consistent approach to assessment and referral to support services (e.g. Australian Research Alliance for Children and Youth (ARACY) Common Approach).	**Complete**

Domain	Deliverable number	Deliverables 2018 (as per the original Implementation Plan)	Status
	67	3A4: A bilateral partnership with DSS has been established to identify and implement responsibilities under the National Framework for Protecting Australia's Children.	**Ongoing**
	68	3A5: An increased proportion of children receive an annual health check.	**Ongoing**
	69	3A6: Systems and capability of GPs to undertake health check assessments on children has been improved.	**Ongoing**
	70	3A7: Actions for maintaining access to quality hearing services for Aboriginal and Torres Strait Islander children through the Australian Government's Hearing Services Program have been considered in partnership with relevant state and Australian Government programmes.	**Complete**
	71	3A8: Actions for improving access to dental and oral health care services have been considered in partnership with states and territories in the Agreement Framework review discussions.	**Complete**
	72	3B1: The Home Interaction Program for Parents and Youngsters (HIPPY) has been rolled out to a total of 50 Aboriginal and Torres Strait Islander focused sites.	**Complete**
	73	3B2: Strengths-based family assessment tools have been piloted (e.g. ARACY Common Approach).	**Complete**
	74	3B3: Aboriginal and Torres Strait Islander health partnership forums with states and territories to have considered the incorporation of parenting programmes in their respective work plans.	**Complete**
4—Adolescent and Youth Health	75	4A1: A national youth health policy and programme coordination mechanism established to facilitate patient journeys and identify and address service gaps.	**Complete**

Domain	Deliverable number	Deliverables 2018 (as per the original Implementation Plan)	Status
	76	4A2: A consultative mechanism will be established to enable young people to contribute to the operationalisation of the Implementation Plan and national youth health policy and program coordination.	**Complete**
	77	4A3: ACCHOs will be encouraged and supported to involve local youth in regional planning initiatives, and consideration given to the utilisation of the CQI-based approach to monitor and improve outcomes.	**Ongoing**
	78	4A4: Young people have been supported to be leaders/role models in their communities by having access to role models and mentoring programmes (e.g. Aboriginal Kinship Group (Grannies group)).	**Complete**
	79	4B1: New approaches that enable young men and women to make healthy decisions about pregnancy, birth and parenting a newborn in a way that takes account of their local context have been identified, piloted and reviewed.	**Complete**
	80	4B2: The proportion of teenagers who never take up smoking continues to increase.	**Ongoing**
	81	4B3: The Fourth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2014–2017 has been implemented and progress against its aspirational targets has been reported.	**Complete**
	82	4B4: The National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social Wellbeing 2014–2019 and the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019 have been finalised and implemented.	**Complete**
	83	4B5: Implementation of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, pending authorisation to proceed in the Government's response to the National Mental Health Commission Report.	**Ongoing**

Domain	Deliverable number	Deliverables 2018 (as per the original Implementation Plan)	Status
	84	4B6: Actions to be addressed in a revised Implementation Plan.	**Ongoing**
	85	4C1: The feasibility of introducing a culturally appropriate standardised MBS health check for adolescents (including sexual and reproductive health) has been considered.	**Ongoing**
	86	4C2: Barriers and enablers to human papillomavirus (HPV) and influenza immunisations have been investigated and addressed.	**Ongoing**
5—Healthy Adults	87	5A1: Aboriginal and Torres Strait Islander adults continue to have access to regular health assessment checks.	**Complete**
	88	5A2: Aboriginal and Torres Strait Islander adults with type 2 diabetes have regular haemoglobin A1c (HbA1C), blood and renal tests.	**Complete**
	89	5A3: The feasibility of including an assessment of absolute cardiovascular risk and other validated indicators of risk in adult health checks for Aboriginal and Torres Strait Islander adults has been assessed.	**Ongoing**
	90	5A4: Work with state and territory governments to explore how Aboriginal and Torres Strait Islander peoples in remote communities can improve access to screening procedures (e.g. cervical and breast screening).	**Ongoing**
	91	5C1: ACCHOs are funded to engage locally to identify priorities and develop responses.	**Complete**
6—Healthy Ageing	92	6A1: Residential aged care, home care, the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) and the Commonwealth Home Support Programme (CHSP) are implemented within the quality frameworks and standards as required under the *Aged Care Act 1997* (Cth) or relevant agreement.	**Complete**

Domain	Deliverable number	Deliverables 2018 (as per the original Implementation Plan)	Status
	93	6A2: The Dementia and Aged Care Services (DACS) Fund has supported culturally appropriate and quality residential services for Aboriginal and Torres Strait Islander individuals and their families and carers.	**Complete**
	94	6A3: The number of aged care places allocated through the NATSIFACP has increased to 860 places.	**Complete**
	95	6A4: Information, resources and service listing on the My Aged Care website (www.myagedcare.gov.au) have been reviewed, updated and coordinated.	**Complete**
	96	6A5: Implementation of the National Framework for Action on Dementia (NFAD) 2015–2019.	**Complete**
	97	6B1: Target immunisation rates of older Aboriginal and Torres Strait Islander peoples have been achieved.	**Ongoing**
	98	6B2: An action plan to support ageing on country has been developed and implemented.	**Complete**
	99	6B3: Development and implementation of the Integrated Plan for Carer Support Services including the establishment of the national carer gateway (Dec 2015) and new Integrated Carer Support Service (2018).	**Ongoing**
	100	6B4: Information, resources and service listings on the My Aged Care website (www.myagedcare.gov.au) have been reviewed, updated and coordinated.	**Complete**
	101	6B5: Explored in the Health Systems Effectiveness domain.	**Ongoing**
	102	6C1: The Aboriginal and Torres Strait Islander Health Workforce Working Group Review Subcommittee has considered culturally safe care requirements for all health practitioners.	**Complete**

Domain	Deliverable number	Deliverables 2018 (as per the original Implementation Plan)	Status
	103	6C2: A Care Leavers Information Package for mainstream aged care providers to ensure providers better understand the experiences of the Stolen Generations and the impact on their aged care needs has been disseminated.	**Complete**
	104	6D1: Implementation and review of leadership and role model / mentoring programmes (e.g. the Aboriginal Kinship Program) has been supported.	**Complete**
	105	6D2: Workforce strategy gives consideration to how the health sector can work collaboratively with traditional healers and utilise the Community Development Programme workforce.	**Ongoing**
	106	6D3: Further strategies will be considered in the Social and Cultural Determinants of Health domain in a revised Implementation Plan.	**Ongoing**
Totals* *As at 31/12/2018	**68**		**Complete**
	38		**Ongoing**

APPENDIX D: DATA CONSIDERATIONS[25]

GOAL 1: ANTENATAL CARE FIRST TRIMESTER

Data presented here do not exactly match that reported in *Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023: technical companion document* due to the exclusion of data for New South Wales.

Trend information on antenatal care is limited due to the relatively recent standardised collection of data across the states and territories. Projected rates were based on available national data for only 3 data points and so should be interpreted with caution.

An antenatal visit refers to contact with a midwife, medical practitioner or other registered health professional where antenatal care was provided. It does not include a contact if it was to confirm the pregnancy only or those contacts for reasons not related to pregnancy. It does not include a contact after the onset of labour.

Data recorded about antenatal visits are based on visits recorded in the woman's clinical record and may not include all antenatal visits outside the hospital setting or outside the birth hospital, such as with a general practitioner or private obstetrician. Therefore, caution should be used when interpreting these data.

GOAL 2: ANTENATAL CARE—5+ VISITS

Data presented here do not exactly match that reported in Implementation Plan goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023: technical companion document due to a change in the method used for age-standardisation.

Trend information on the number of antenatal visits is limited due to the relatively recent standardised collection of data across the states and territories. Trend data shown in the trajectory analysis pertain to only three jurisdictions: Queensland, South Australia and Northern Territory. National time series data are not currently available.

Data recorded about antenatal visits are based on visits recorded in the woman's clinical record and may not include all antenatal visits outside the hospital setting or outside the birth hospital, such as with a general practitioner or private obstetrician. Therefore, caution should be used when interpreting these data.

GOAL 3: SMOKING DURING PREGNANCY

Smoking status during pregnancy was not part of the Perinatal NMDS until July 2010. Data from non-standard smoking items made available as part of the NPDC have been used when data from standardised items were not available; therefore caution should be used when interpreting these data.

There are differences in the definitions and methods used for data collection across jurisdictions.

Projected rates were based on only 4 data points and should be interpreted with caution.

Women's tobacco smoking status during pregnancy is self-reported.

GOAL 4: HEALTH CHECKS—CHILDREN AGED 0–4

Data are the number of claims for MBS item 715 health checks processed by Medicare Australia in the relevant period, not the number of people for whom claims have been processed. However, as health checks are generally provided on an annual basis (the minimum time allowed between checks is 9 months), the number of checks in a 12-month period is similar to the number of people receiving the checks. For example, more detailed AIHW analysis of the 2014–15 MBS data indicates that, nationally among people of all ages, there is a difference of less than 1 percentage point between the rates of health checks when counting people compared with services.

Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as item 715, such as health checks provided to Indigenous children through state-funded programmes; those provided by Indigenous health services but not billed to Medicare; and other types of MBS health checks (for example, non-Indigenous-specific).

Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.

GOAL 5: IMMUNISATION—CHILDREN AGED 1 YEAR

Coverage estimates for Aboriginal and Torres Strait Islander children include only those who identify as Indigenous and are registered on the AIR. Indigenous identification is collected via a yes/no flag on immunisation encounter forms and through Medicare offices when any changes are made to personal details. Medicare uses the standard definition of Indigenous status; however, these details are converted to a 'yes' or 'no' when reports on vaccination coverage are produced from the AIR. 'Not stated' responses are included with the non-Indigenous responses, resulting in a comparison group of 'other Australians'. Using the immunisation encounter form method for establishing Indigenous identification is voluntary, and relies on the immunisation provider seeking the information.

Time series data are limited to 5 jurisdictions. Comparisons over time are also affected by changes in the introduction of new vaccines on the National Immunisation Program Schedule. From 2013, the definition of the term 'fully immunised' for children in the 'Age 1 year' cohort includes pneumococcal for AIR coverage reporting purposes.

GOAL 6: IMMUNISATION—CHILDREN AGED 2 YEARS

Coverage estimates for Aboriginal and Torres Strait Islander children include only those who identify as Indigenous and are registered on the AIR. Indigenous identification is collected via a yes/no flag on immunisation encounter forms and through Medicare offices when any changes are made to personal details. Medicare uses the standard definition of Indigenous status; however, these details are converted to a 'yes' or 'no' when reports on vaccination coverage are produced from the AIR. 'Not stated' responses are included with the non-Indigenous responses, resulting in a comparison group of 'other Australians'. Using the immunisation encounter form method for establishing Indigenous identification is voluntary, and relies on the immunisation provider seeking the information.

Time series data are limited to 5 jurisdictions. Comparisons over time are also affected by changes in the introduction of new vaccines on the National Immunisation Program Schedule. In particular, from

the quarter ending 31 December 2014, meningococcal C (given at 12 months), and dose 2 measles, mumps and rubella (MMR) and dose 1 varicella (given as MMRV at 18 months) were included in the definition of fully immunised for the 24 to 27 month cohort for AIR coverage reporting purposes.

GOAL 7: IMMUNISATION—CHILDREN AGED 5 YEARS

Coverage estimates for Aboriginal and Torres Strait Islander children include only those who identify as Indigenous and are registered on the AIR. Indigenous identification is collected via a yes/no flag on immunisation encounter forms and through Medicare offices when any changes are made to personal details. Medicare uses the standard definition of Indigenous status; however, these details are converted to a 'yes' or 'no' when reports on vaccination coverage are produced from the AIR. 'Not stated' responses are included with the non-Indigenous responses, resulting in a comparison group of 'other Australians'. Using the immunisation encounter form method for establishing Indigenous identification is voluntary, and relies on the immunisation provider seeking the information.

Due to changes to AIR reporting practice, since 2008, fully vaccinated status for 5 year olds has been reported instead of for 6 year olds; as such, time series data for 5 year olds is limited to 2008 onwards. Time series data are limited to 5 jurisdictions.

GOAL 8: HEALTH CHECKS—CHILDREN AGED 5–14

Data are the number of claims for MBS item 715 health checks processed by Medicare Australia in the relevant period, not the number of people for whom claims have been processed. However, as health checks are generally provided on an annual basis (the minimum time allowed between checks is 9 months), the number of checks in a 12-month period is similar to the number of people receiving the checks. For example, more detailed AIHW analysis of the 2014–15 MBS data indicates that, nationally among people of all ages, there is a difference of less than 1 percentage point between the rates of health checks when counting people compared with services.

Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as item 715, such as health checks provided to Indigenous children through state-funded programmes; those provided by Indigenous health services but not billed to Medicare; and other types of MBS health checks (for example, non-Indigenous-specific).

Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.

GOAL 9: SMOKING—CURRENT SMOKERS, YOUTH AGED 5–17

The ABS Aboriginal and Torres Strait Islander health and social surveys use the standard Indigenous status question, and are designed to select a representative sample of Indigenous Australians. However, survey data are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents.

Although considered generally comparable, there have been some changes in the wording of the smoking question across the ABS Indigenous surveys. In the 1994 survey, respondents were asked if

they ‘smoke cigarettes’ and were not asked how frequently they smoke. In more recent surveys, respondents were asked if they ‘currently smoke’.

GOAL 10: SMOKING—NEVER SMOKED, YOUTH AGED 15–17

The ABS Aboriginal and Torres Strait Islander health and social surveys use the standard Indigenous status question, and are designed to select a representative sample of Indigenous Australians. However, survey data are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is ‘as reported’ by respondents.

Projected rates were based on only 3 data points and should be interpreted with caution.

GOAL 11: SMOKING—NEVER SMOKED, PEOPLE AGED 18–24

The ABS Aboriginal and Torres Strait Islander health and social surveys use the standard Indigenous status question, and are designed to select a representative sample of Indigenous Australians. However, survey data are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is ‘as reported’ by respondents.

Projected rates were based on only 3 data points and should be interpreted with caution.

GOAL 12: SMOKING—CURRENT SMOKERS, PEOPLE AGED 18+

The ABS Aboriginal and Torres Strait Islander health and social surveys use the standard Indigenous status question, and are designed to select a representative sample of Indigenous Australians. However, survey data are subject to sampling errors as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is ‘as reported’ by respondents.

Although considered generally comparable, there have been some changes in the wording of the smoking question across the ABS Indigenous surveys. In the 1994 survey, respondents were asked if they ‘smoke cigarettes’ and were not asked how frequently they smoke. In more recent surveys, respondents were asked if they ‘currently smoke’.

GOAL 13: HEALTH CHECKS—PEOPLE AGED 15–24

Data are the number of claims for MBS item 715 health checks processed by Medicare Australia in the relevant period, not the number of people for whom claims have been processed. However, as health checks are generally provided on an annual basis (the minimum time allowed between checks is 9 months), the number of checks in a 12-month period is similar to the number of people receiving the checks. For example, more detailed AIHW analysis of the 2014–15 MBS data indicates that,

nationally among people of all ages, there is a difference of less than 1 percentage point between the rate of health checks when counting people compared with services.

Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as item 715, such as health checks provided to Indigenous children through state-funded programmes; those provided by Indigenous health services but not billed to Medicare; and other types of MBS health checks (for example, non-Indigenous-specific). Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.

GOAL 14: HEALTH CHECKS—PEOPLE AGED 25–54

Data are the number of claims for MBS item 715 health checks processed by Medicare Australia in the relevant period, not the number of people for whom claims have been processed. However, as health checks are generally provided on an annual basis (the minimum time allowed between checks is 9 months), the number of checks in a 12-month period is similar to the number of people receiving the checks. For example, more detailed AIHW analysis of the 2014–15 MBS data indicates that, nationally among people of all ages, there is a difference of less than 1 percentage point between the rate of health checks when counting people compared with services.

Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as item 715, such as health checks provided to Indigenous children through state funded programmes; those provided by Indigenous health services but not billed to Medicare; and other types of MBS health checks (for example, non-Indigenous-specific).

Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.

GOAL 15: HEALTH CHECKS—PEOPLE AGED 55 AND OVER

Data are the number of claims for MBS item 715 health checks processed by Medicare Australia in the relevant period, not the number of people for whom claims have been processed. However, as health checks are generally provided on an annual basis (the minimum time allowed between checks is 9 months), the number of checks in a 12-month period is similar to the number of people receiving the checks. For example, more detailed AIHW analysis of the 2014–15 MBS data indicates that, nationally among people of all ages, there is a difference of less than 1 percentage point between the rates of health checks when counting people compared with services.

Data may undercount the number of health checks provided as they do not include: those not billed to Medicare as item 715, such as health checks provided to Indigenous children through state-funded programmes; those provided by Indigenous health services but not billed to Medicare; and other types of MBS health checks (for example, non-Indigenous-specific).

Trends in rates may be affected by differences in the propensity to identify as Indigenous in the numerator and denominator data sources.

GOAL 16: HBA1C CHECKS—PEOPLE WITH DIABETES

Data relate to regular clients attending Indigenous primary health care organisations that report to the nKPI data collection and do not capture data for all Indigenous Australians.

From December 2015 collection, the Northern Territory Government organisations have reported data using the standard nKPI definition of an Indigenous regular client. Prior to this, most NT Government organisations—namely those using the Primary Care Information System—defined regular clients as clients who attended the health clinic as their usual health centre and had attended at least 3 times in the last 2 years. Therefore data from December 2015 onwards that include the NT Government Services using the PCIS should not be compared with historical data.

From the June 2017 data collection, changes were made to the data extraction method. This means that data from June 2017 onwards are not comparable with earlier collections.

More information on data quality can be found on the AIHW's METeOR website http://meteor.aihw.gov.au/content/index.phtml/itemId/672769.

Projected rates should be interpreted with caution as they are based on only 3 data points, and there has been an increase in the number of services reporting and the number of clients with type II diabetes.

GOAL 17: REGULAR BLOOD PRESSURE TESTS—PEOPLE WITH DIABETES

From December 2015 collection, the Northern Territory Government organisations have reported data using the standard nKPI definition of an Indigenous regular client. Prior to this, most NT Government organisations—namely those using the Primary Care Information System—defined regular clients as clients who attended the health clinic as their usual health centre and had attended at least 3 times in the last 2 years. Therefore data from December 2015 onwards that include the NT Government Services using the PCIS should not be compared with historical data.

From the June 2017 data collection, changes were made to the data extraction method. This means that data from June 2017 onwards are not comparable with earlier collections.

More information on data quality can be found on the AIHW's METeOR website http://meteor.aihw.gov.au/content/index.phtml/itemId/672769.

Projected rates should be interpreted with caution as they were based on data over a relatively short time period, and there has been an increase in the number of services reporting and the number of clients with type II diabetes.

GOAL 18: RENAL FUNCTION TESTS—PEOPLE WITH DIABETES

Data relate to regular clients attending Indigenous primary health care organisations that report to the nKPI data collection and do not capture data for all Indigenous Australians.

From December 2015 collection, the Northern Territory Government organisations have reported data using the standard nKPI definition of an Indigenous regular client. Prior to this, most NT Government organisations—namely those using the Primary Care Information System—defined regular clients as clients who attended the health clinic as their usual health centre and had attended at least 3 times in the last 2 years. Therefore data from December 2015 onwards that include the NT Government Services using the PCIS should not be compared with historical data.

From the June 2017 data collection, changes were made to the data extraction method. This means that data from June 2017 onwards are not comparable with earlier collections.

More information on data quality can be found on the AIHW's METeOR website http://meteor.aihw.gov.au/content/index.phtml/itemId/672769.

Projected rates should be interpreted with caution as they were based on data over a relatively short time period, and there has been an increase in the number of services reporting and the number of clients with type II diabetes.

GOAL 19: IMMUNISATION—INFLUENZA, PEOPLE AGED 50 AND OVER

The ABS Aboriginal and Torres Strait Islander health surveys use the standard Indigenous status question and are designed to select a representative sample of Indigenous Australians. However, survey data are subject to sampling errors, as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents.

Data are self-reported.

Projected rates were based on only three data points and should be interpreted with caution.

GOAL 20: IMMUNISATION—PNEUMOCOCCUS, PEOPLE AGED 50 AND OVER

The ABS Aboriginal and Torres Strait Islander health surveys use the standard Indigenous status question and are designed to select a representative sample of Indigenous Australians. However, survey data are subject to sampling errors, as only a small proportion of the population is used to produce estimates that represent the whole population. Non-sampling errors may occur where there is non-response to the survey or questions in the survey, misunderstanding of questions or errors in recording, coding or processing the survey. Information recorded in this survey is 'as reported' by respondents.

Data are self-reported.

Projected rates were based on only three data points and should be interpreted with caution.

REFERENCE LIST

Australian Bureau of Statistics (ABS) 2016, *National Aboriginal and Torres Strait Islander Social Survey*.

Australian Bureau of Statistics (ABS) 2017, *Aboriginal and Torres Strait Islander People: Smoking Trends, Australia*.

Australian Health Ministers' Advisory Council (AHMAC) 2017, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*.

Australian Institute of Health and Welfare (AIHW) 2018, Tracking Progress against the Implementation Plan Goals for the Aboriginal and Torres Strait Islander Health Plan 2013–2023, September 2018 update.

Australian Institute of Health and Welfare (AIHW) 2019, Implementation Plan Goal Visualisation Tool. Viewed 26 April 2019.

Department of the Prime Minister and Cabinet (PMC) 2019, *Closing the Gap Report 2019*. Commonwealth of Australia, Canberra.

Durey, A, McAullay, D, Gibson, B & Slack-Smith, L, 2016, Aboriginal Health Worker perceptions of oral health: a qualitative study in Perth, Western Australia. *International Journal for Equity in Health*, vol. 15, no. 1, p. 4.

Mission Australia in association with the Black Dog Institute 2017, *Young Mental Health Report: Youth Survey 2012–16*.

National Trachoma Surveillance and Reporting Unit 2018, *Australian Trachoma Surveillance Report 2017*. The Kirby Institute, University of New South Wales, Sydney.

Papps, E & Ramsden, I, 1996, Cultural safety in nursing: the New Zealand experience. *International Journal for Quality in Health Care*, vol. 8, no. 5, pp. 491–497.

Whop LJ, Garvey G, Baade P, Lokuge K, Cunningham J, Brotherton JML, Valery PC, O'Connell DL, Canfell K, Diaz A, Roder D, Gertig D, Moore SP, Condon JR, 2016, The first comprehensive report on Indigenous Australian women's inequalities in cervical screening: a retrospective registry cohort study in Queensland, Australia (2000–2011). *Cancer*, vol 122 no. 10 pp. 1560-1569.