

National Strategic Framework for Aboriginal and Torres Strait Islander Health

Progress against jurisdictional implementation plans

Summary Report to the Australian Health Ministers' Conference

1 July 2006 until 30 June 2007

These reports alternate each year between whole of government reports and health portfolio reports

Foreword

This is the second time that jurisdictions have been required to produce health portfolio reports against the National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH). This summary report covers the period 1st July 2006 to 30th June 2007.

This report highlights the actions of governments through the health portfolio-specific agencies to bring about improvements.

This report is a summary of and commentary on, the individual jurisdictional reports that have been provided: Australian Government, South Australia, Tasmania, New South Wales, Queensland, Victoria, Western Australia, Australian Capital Territory and the Northern Territory.

Overview

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

During 2006-2007 the Australian Government and State and Territory Governments maintained their commitments to supporting a holistic response in providing health and well-being services to Aboriginal and Torres Strait Islander people.

This is the third report to Ministers under the arrangements set out in the NSFATSIH. The previous report covering July 2005 to June 2006 was a whole-of-government report. It was compiled by the Australian Government on behalf of NATSIHON.

This report contains only highlights of the individual jurisdictional reports. For the full reports go to:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-index.htm>

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Table of Acronyms

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
COAG	Council of Australian Governments
DHHS	Department of Health and Human Services Tasmania
DHS	Department of Health Services South Australia
HACC	Home and Community Care
HIV	Human Immunodeficiency Virus
IARES	Indigenous Areas
ICC	Indigenous Coordination Centre
MBS	Medical Benefits Scheme
NHMRC	National Health and Medical Research Council
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health
NSW	New South Wales
OATSIH	Office for Aboriginal and Torres Strait Islander Health (within the Australian Government Department of Health and Ageing)
SDRF	Service Development and Reporting Framework
STI	Sexually Transmissible Infections

Key Result Area One: Community controlled primary health care

Introduction

There has been continued effort to support the Aboriginal and Torres Strait Islander health sector through resourcing and effective planning. This was achieved through partnerships between community controlled health services and mainstream services to ensure that Aboriginal and Torres Strait Islander communities continue to have access to a full range of comprehensive primary health care services.

Summary of Outcomes

The Australian Government has continued to contribute to the development of Aboriginal and Torres Strait Islander community controlled primary health and health related services with a range of additional service delivery staff positions. There was also a substantial investment under the Capital Works Program, with 18 new clinic redevelopments/improvements in remote areas completed and 14 houses/duplexes for health professional staff in remote areas completed. The Quality Improvement Initiative was evaluated during 2006 resulting in a new program, the Continuous Quality Improvement Initiative (CQII). CQII allows health services to develop a three-year strategic quality improvement plan, with the assistance of an expert CQI facilitator. OATSIH also provided significant funding for Patient Information and Recall System (PIRS) hardware and systems across the Aboriginal and Torres Strait Islander community controlled health sector: 119 services received funding and now have a PIRS in place.

The engagement of the Aboriginal community controlled health sector in planning and policy development and implementation is robust and progressive. The Aboriginal Medical Services Alliance of the NT is engaged in a range of strategies with the Department. These include for example co-operation aimed at improving the relationship between mental health, alcohol and other drugs services and the community controlled providers and in the implementation of the cultural security policy. This engagement stretches across many areas of mainstream policy and programme development as well as involvement in Ministerial Advisory Committees.

South Australia continued to support Community Controlled health services including Aboriginal and Torres Strait Islander women's health projects. These included: clinic services, health promotion and education activities, and development and distribution of culturally appropriate specific resources. They facilitated an annual training workshop for female Aboriginal and Torres Strait Islander Health Workers and provided funding for the conduct of the Governance Capacity Building Project. Country Health South Australia promoted the engagement of Community members as researchers to develop health action plans and the Tobacco Free Young People in the North Project saw 49 clients receive brief intervention training.

Tasmania has maintained staff in key positions that provide important links to acute care, palliative care, housing, other key agencies and the Aboriginal community. National and State housing agreements have now been signed off.

New South Wales Health has maintained funding to community controlled primary health care services for drug and alcohol, oral health, dental health, mental health, mens health, family health strategy, AIDS and infectious disease, maternal and child

health, chronic care, Otitis Media Screening, health promotion and sexual and child abuse.

Queensland has established the Southern Area Health Service Aboriginal and Torres Strait Islander Connecting Health Care Partnership Council in collaboration with Aboriginal Medical Services to focus on primary health care issues at a local level. They have also developed or continuing to develop a number of MoU's in relation to developing a partner approach to the delivery of health services to Aboriginal and Torres Strait Islander Community Groups.

Victoria has maintained funding to Aboriginal community controlled services for health related matters, including family support, drug and alcohol services, emotional and social wellbeing, mental health, maternity and HACC services and Koori Maternity Services.

Western Australia has continued to support Aboriginal and Torres Strait Islander community controlled primary health care and health related services.

The Australian Capital Territory (ACT) has continued to support the local Aboriginal Community Controlled Primary Health Care Service, Winnungah Nimmityjah, for a range of services including: an Aboriginal Midwifery Access Program; social health; dental health; hearing health and youth detoxification support service. The service was also supported to set up an electronic clinical information system which has enhanced the capacity of service providers to monitor and manage chronic disease and acute illness within the ACT's Aboriginal population. Continued implementation of this system is supported through funding provided by the Australian Government. The ACT also funded the ACT Council of Social Service to provide governance training for community organisations.

Key Result Area Two: Health system delivery framework

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

Introduction

This area covers action at a strategic level in the health system to enhance service delivery to Aboriginal and Torres Strait Islander patients and communities within the comprehensive primary health care context. This includes improving coordination between programs and services, reforming mainstream health services, and supporting Aboriginal and Torres Strait Islander participation in the planning and management of mainstream health services.

Summary of Outcomes

The Australian Government has continued to contribute to the enhancement and expansion of health service provision for Aboriginal and Torres Strait Islander people. An Aboriginal and Torres Strait Islander Child Health Check MBS item was introduced on 1 May 2006. As of 30 June 2007, 6,738 services had been claimed. The Healthy for Life Program continued to support services in improving the quality of child and maternal health services and chronic disease care, and to improve the capacity of the Indigenous health workforce. There was continued effort to ensure that there are effective pathways for medicines required for specific Aboriginal and Torres Strait Islander health needs, with new medicines such as iron and folic acid supplements, thiamine and a new treatment for otitis media, being listed on the PBS. The Australian Government continued to support the More Allied Health Services Program to improve access to allied health professionals for residents of rural and remote communities.

South Australia continued to implement the Cultural Respect Framework, with a number of staff participating in a 2-day workshop “Developing Culturally Respectful Service Responses”. Population health services and programs were supported including the Aboriginal and Torres Strait Islander Well Women’s Screening Program, and the promotion of good nutrition and active play among infants and young children in selected remote SA Aboriginal communities. A pilot of the “Eat Deadly, Feel Deadly, Look Deadly – Making Our Families Healthy” program was carried out, with further development to occur in 2008.

The Northern Territory has been developing several new programs such as roll out of a Core Services Programme, establishment of a network of self-care units in remote communities to provide renal health facilities, and expansion of the visiting community midwifery programme providing antenatal care to young women. The expansion includes the engagement/employment of local Aboriginal women to assist in the provision of local cross-cultural care for young mothers. Significant effort has occurred in regard to chronic disease management, in terms of improving the capture and quality of local level prevention and treatment services.

Tasmania has continued support for more effective service delivery to Aboriginal and Torres Strait Islander people through a range of services, such as early childhood and palliative care.

NSW Health has revised the Aboriginal Health Impact Statement and was trialled in eight Area Health Services and sections of the NSW Department of Health. The revised Impact statement was released in 2006/07 with mandatory State-wide implementation within NSW Health in 2007/08.

Area Health Advisory Councils have been established for each of the Area Health Services and the Children's Hospital at Westmead.

The Otitis Media Screening Program met and exceeded its 2006/07 target of 19,394 children by screening 19,403 Aboriginal children – a 50% increase on the number screened in 2005/06 – and trained a further 60 Aboriginal Health Workers in audiometry.

Queensland has continued to implement services for Aboriginal and Torres Strait Islander people in such areas as chronic disease, implementation of a children and young people's health strategy, implementation of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, maternal and child health services, HIV/STI, cervical cancer, oral health, women's health and smoking.

Victoria has continued to develop a whole of health service responsibility for meeting the needs of Aboriginal and Torres Strait Islander patients through the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program. The appointment of two project officers in both metropolitan and regional areas is assisting health services to improve access for Aboriginal patients. The Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership program is creating partnerships between Community Health Services and ACCHOs to increase access to chronic disease prevention and management services for Aboriginal people and the Koori Maternity Services program is encouraging more Aboriginal women to access antenatal care in a supportive environment.

Western Australia has continued to implement services for Aboriginal and Torres Strait Islander people such as chronic disease, children and young people's health, allied health and service integration.

The ACT moved to a 3-year funding agreement for the local Aboriginal Community Controlled Primary Health Care Service, Winnungah Nimmityjah as a means of establishing greater sustainability. In 2006/07 a total of 464 clients access the dental service provided by Winnungah Nimmityjah, with a total of 696 episodes of care. The ACT continued to work through the Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006-2011 to address the following focus areas: maternal and child health; chronic and infectious disease; social health; care of people with disabilities; and aged care.

Key Result Area Three: A competent health workforce

Introduction

This area focuses on the links with the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework and documents efforts to provide an effective and competent workforce.

Summary of Outcomes

The Australian Government has continued to expand its effort in developing the Aboriginal and Torres Strait Islander health workforce. Eight new Aboriginal and Torres Strait Islander Health Worker qualifications were endorsed by Education Ministers and made available in March 2007. Under the Puggy Hunter Memorial Scholarship Scheme over 75 scholarships were offered in the 2007 academic year, under the Healthy for Life initiative and Mental Health initiatives. The Australian Government continued to support the Australian Indigenous Doctors' Association, the Congress of Aboriginal and Torres Strait Islander Nurses, and the Leaders in Indigenous Medical Education Network to develop and implement strategies to increase the Aboriginal and Torres Strait Islander health workforce.

South Australia has continued to implement programs and forums to address staff development and recruitment and retention. The South Australian Aboriginal Nursing and Midwifery Strategy (2007-2011) was developed to final drafting stage. Once completed it will form part of the SA Department of Health's overall strategic recruitment and retention plan (2008-2011). In partnership with the Australian Government the SA Department of Health agreed to implement an Aboriginal Program of Experience in the Palliative Approach (PEPA). This is a palliative care workforce development and education initiative, aiming to enhance the skills and expertise of health care providers in providing care for Aboriginal peoples with a life-limiting illness and their families. Recruitment commenced to recruit an Aboriginal Project Officer to lead this initiative.

The Northern Territory Department of Health and Community Services has established a Professional development programme that seeks to expand the experience, skill base and knowledge of current Aboriginal staff. The initiative will provide development bursaries for up to 20 staff a year. In respect of workforce participation the department is progression towards the 15% target set by Government.

Tasmania has continued to implement a specific scholarship program that contributes to health workforce development in Tasmania.

New South Wales has continued to implement programs to address recruitment, skills acquisition and career development, retention, cultural education and community engagement. A project to assist and support Area Health Services to develop an implementation plan for delivery of the New Health Training Qualifications for Aboriginal Health Workers has now commenced and NSW Health in partnership with the NSW Premier's Department is employing 37 Aboriginal Undergraduate Nursing and Midwifery Cadets across NSW. This figure surpassed the target set in the NSW Aboriginal Affairs Plan – Two ways Together, of 20 Aboriginal nursing cadets. NSW Health employs approximately 1168 Aboriginal people throughout the 8 Area Health

Services and 4 Health Services including, The Children's Hospital at Westmead, Ambulance Service, Justice Health and the Department of Health.

Queensland has achieved and maintained an Aboriginal and Torres Strait Islander workforce level of 2.15 per cent across its workforce. There has been the continuation of the Aboriginal and Torres Strait Islander education to employment scheme, and the Indigenous Allied Health Cadetship program with Queensland Health offering 4 Indigenous Nursing Cadetships.

Victoria has continued to implement its workforce implementation plan and the first progress report was presented to Australian Health Ministers Advisory Council in 2006.

Other initiatives in Victoria have included scholarship programs across a range of areas including alcohol and drug training, recruitment and curriculum, Home and Community Care training and development and rural training programs.

13 metropolitan HACC Aboriginal staff members have obtained their Certificate IV qualifications.

Western Australia has continued to implement its workforce implementation plan. Other initiatives in Western Australia have included scholarship and traineeship programs in medicine, nursing, allied health, Aboriginal health work and post graduate health studies. Western Australia has set specific targets for Aboriginal employment in all levels of the health system.

A Workforce Plan for the ACT is being developed which will incorporate the range of workforce initiatives agreed as part of the ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan. ACT Health is funding the development of a training package out of the Cultural Respect Implementation Plan, aimed at raising the awareness of Aboriginal and Torres Strait Islander issues through the delivery of culturally appropriate training to both clinical and non-clinical staff within the mainstream ACT health system.

Key Result Area Four: Emotional and social well-being

Introduction

This area identifies the broad range of jurisdictional efforts to enhance the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It promotes connectivity across a wider system of agencies and programmes and seeks improvements in mainstream services that drive better service delivery to, and benefit for Aboriginal and Torres Strait Islander peoples. It also seeks information about jurisdictional responses that reduce the impact of past injustices and improve health outcomes for Aboriginal and Torres Strait Islander peoples.

Summary of Outcomes

The Australian Government funded 14 Regional Social and Emotional and Wellbeing Centres to provide training and professional support to the Aboriginal and Torres Strait Islander social and emotional wellbeing workforce. They supported 19 culturally appropriate mental health service delivery projects and funded over 106 Bringing Them Home Counsellor positions nationally. The Australian Government also supported 11 Link Up sites. The Australian Government also worked to implement the COAG measure “Improving the Capacity of Workers in Indigenous Communities” which will provide training in mental health for Aboriginal health workers, counsellors and clinic staff in Indigenous-specific health services, and will provide an additional 10 mental health worker positions. Other activity included:

- Support for a number of projects around smoking cessation;
- Development of a Departmental Reconciliation Action Plan;
- Supporting projects for building Aboriginal and Torres Strait Islander community capacity and establishing a range of Shared Responsibility Agreements through the Tough on Drugs Initiative;
- Provision of additional funding to reduce substance abuse and for the extended roll-out of *Opal* fuel.
- Collaborative approaches across the Australian Government focusing on promoting suicide prevention and comorbidity initiatives focusing on mental health and drug and alcohol use.

South Australia continued to build its Indigenous social and emotional wellbeing workforce, including the appointment of a Senior Aboriginal officer to the position of Principal Aboriginal Mental Health Consultant, and the appointment of 3 Indigenous staff as Cultural Consultants in Child Adolescent Mental Health Services. Public recognition of positive outcomes for programs and initiatives was promoted with the aim of improving emotional and social wellbeing where positive outcomes are acknowledged within Indigenous communities and workers are recognised for their achievements. A wide range of activities were implemented to respond to the social and emotional wellbeing needs of local Aboriginal communities – eg Elders Advisory Committee Meeting Days, Regional Elders BBQ Days, Arts/Crafts Days, Language Revival Days, Nunga Cooking.

Tasmania has developed and commenced implementation of the Safe at Home Strategy and have developed and implemented the Beginning Practice program for training professionals working with Aboriginal people.

Negotiations have commenced to scope the needs of and develop strategies to respond to alcohol, tobacco and other drugs use issues within Tasmanian Aboriginal communities; and to employ an Aboriginal Policy & Liaison Officer position to (amongst other tasks) develop and manage the implementation and coordination of priorities for Aboriginal community access to alcohol, tobacco and other drugs sector organisations/services. These projects will commence in 2007/08.

New South Wales has commenced a review of Forensic Medical Services in 2007. The report and recommendations of the review will inform strategies to expand sexual assault medical services.

The NSW Aboriginal Mental Health and Well Being Policy 2006-10 was launched on 5 July 2007 and contains an action item to expand the Aboriginal mental health workforce in Area Mental Health Services until there is one Aboriginal Health Worker for every 1000 Aboriginal people by 2010.

Recurrent funding has been provided to appoint Aboriginal mental health workers in regional, rural and metropolitan Aboriginal Community Controlled Health Services across NSW.

Queensland has maintained services focusing on alcohol, drugs and substance misuse on Aboriginal and Torres Strait Islander people and communities and the establishment of emotional and social wellbeing programs for men, women and families including suicide prevention.

Victoria has provided a range of services to support Aboriginal and Torres Strait Islander people living with physical, intellectual, and emotional disabilities. There have been initiatives for acute urban and rural mental health services, community based mental health services, access to early years services, palliative care projects, drug strategy projects and Indigenous Family Violence initiatives encompassing:

- Time Out Services;
- Indigenous Men's Resource Advisory Service;
- Counselling Scholarships; and
- Community Initiatives Fund.

Western Australia has continued to support programs addressing emotional social wellbeing, mental health, alcohol and other drugs, child abuse and child protection.

WA Health has drafted a plan for an expanded State-wide Indigenous Mental Health Service this plan includes:

- Development of a culturally appropriate mental health service for Aboriginal population;
- A commitment to increase the number of Aboriginal mental health workers;
- Development of an appropriate response to child sexual abuse;
- Improved clinical mental health services for complex cases.

The completed draft will form part of a coordinated resourcing approach to the Department of Treasury and Finance for Aboriginal Health initiatives.

ACT Health is working with other ACT government agencies such as Disability ACT, Housing ACT and ACT Department of Education and Training to foster an integrated approach to service delivery for at risk Aboriginal families through the Integrated Aboriginal Service Delivery Project. The ACT is establishing an Aboriginal and Torres Strait Islander alcohol and drug residential rehabilitation service, with site selection and governance options being considered.

Key Result Area Five: Environmental health

Introduction

This area sets priorities to improve levels and standards of environmental health. This includes improving housing and essential services in Aboriginal and Torres Strait Islander communities to a comparable standard with the wider Australian community through equitable access to an environmental health workforce and improved coordination of service provision, with an overall outcome: the reduction of environmental health related conditions (such as respiratory diseases).

Summary of Outcomes

The Australian Government has supported a range of programs to address environmental health issues in Aboriginal and Torres Strait Islander communities in Australia. These have included:

- Handwashing Campaign, support for dust control measures and improvements to septic systems;
- Work to refresh the National Environmental Health Strategy for the period 2007-2012 ;
- Support for the Community Services and Health Industry Skills Council to develop and promote a resource kit to support the implementation of the Indigenous Environmental Health Worker competencies and training package.

South Australia has continued to implement a range of environmental health and housing programs including a partnership with local communities to provide management, leadership and support to Aboriginal Elders in order to establish an Elder's housing development, and establishment of a bush and medicine garden precinct at Basham's Beach to promote environmental promotion and sustainment. The SA Department of Health has continued to provide service on the APY Lands including drinking water quality management, safe housing, wastewater system and food inspection, health promotion, notifiable disease follow up and support to Indigenous environmental health workers and Aboriginal health services. The SA Department of Health is endeavouring to build capacity in the APY Lands to empower communities to manage environmental health on an ongoing basis through initiatives like the Indigenous Environmental Health Worker program.

Tasmania has endorsed the Indigenous Housing and Infrastructure Agreement, developed a State Strategic and Operational Aboriginal Housing Plan and the Tasmanian Asset Management Plan.

New South Wales has developed strategic options to address water and sewerage infrastructure to priority Aboriginal communities through the Aboriginal Community Water Supply Working Group. A pilot water and sewerage operation and maintenance program has been established. Monitoring of water and sewerage systems has commenced in 4 communities. A range of other programs are being implemented to meet housing needs and environmental requirements in Aboriginal communities.

NSW is also funding an Aboriginal Trainee Environmental Health Officer Program to provide opportunities for Aboriginal people to gain qualifications and employment in environmental health at a professional level.

Queensland is continuing to implement a whole of government Aboriginal and Torres Strait Islander Environmental Health Plan of Action, has continued to support the development of an environmental health workforce.

The Northern Territory has programmes in place that aim to increase access for Aboriginal and Torres Strait Islander people to affordable and appropriate housing; improve the standard of living for Indigenous people, through the provision of culturally appropriate community based life skills projects; and the supply of 78 new beds for Aboriginal people visiting from townships to urban areas for health related reasons. The NT has also established a cross agency Homelessness Taskforce that will include significant attention to homelessness as an issue confronting many Aboriginal Territorians.

Western Australia is implementing a comprehensive Aboriginal environmental health plan and has reviewed and amended legislation to ensure equity in public and environmental health standards with the wider Australian community. There has been the review of the code of practice for housing and infrastructure development in Western Australian Indigenous communities. There was a range of other initiatives where there has been the development and implementation of improved town planning initiatives for Indigenous communities, development of policies that enhance environmental health services and improvements to research and data for environmental health.

Victoria – Not applicable

The ACT Government continued to fund the Aboriginal and Torres Strait Islander housing program designed to ensure the availability of appropriate, healthy living environments.

Key Result Area Six: Wider strategies that impact on health

Introduction

Actions aim to develop partnerships with, and obtain commitment from, other sectors whose activities impact on health. Strategies for developing joint action are nominated. Priority is given to collaborative approaches in areas such as food and nutrition, child and maternal health, recreation and exercise, aged and disability services, education, employment, transport and prison health.

Summary of Outcomes

The Australian Government Department of Health and Ageing's network of Solution Brokers continued to foster collaboration across Australian Government agencies, through Indigenous Coordination Centres. A number of Shared Responsibility Agreements were implemented that promote a partnership approach across Australian Government agencies. For example, an Agreement with *Western Desert Nganampa Walytja Palyantjaku Tjutaku* (WDNWPT) was signed which will:

- consolidate renal service delivery and renal patient support in Kintore and Alice Springs;
- assist with the 'Return to Country' and 'Going Home' initiatives that support renal patients to return to their communities; and
- develop early interventions programs to reduce renal disease through health education, training and support.

Other partners to this agreement include the Indigenous Affairs, Education and Employment portfolios. In this period the Australian Government also continued to provide services for older Aboriginal and Torres Strait Islander people under the National Aboriginal and Torres Strait Islander Flexible Aged Care program.

The Northern Territory has a whole of government suite of activities that impact on the health and wellbeing of Aboriginal and Torres Strait Islander Territorians. The Aboriginal Interpreters Service alleviates language barriers in accessing health and legal and other services, as well as contributing to employment opportunities for Aboriginal people. Efforts are currently underway to find innovative ways of further improving access to interpreter services for Aboriginal people. Aboriginal and Torres Strait Islander prisoners receive management plans, undergo doctor assessments within 72 hours of arrival, and receive visits from Elders to assist in the transition back to country. The Northern Territory will expand its Accelerated Literacy Programme to 10,000 students at 100 schools across the Northern Territory by the end of 2008. In partnership with Batchelor Institute of Indigenous Tertiary Education, the NT government continues to support a bridging course to create pathways to higher education and professional fields of knowledge.

In South Australia a range of programs were developed and implemented in partnership with local schools to promote healthy living lifestyles to Aboriginal primary school students. A 'whole of family' care planning model of support has been adopted for Aboriginal families in the southern region. The Children, Youth and Women's Health Service (CYWHS) continued the Women's Health Statewide Aboriginal Working Women's Arts Project.

Tasmania continues to be a partner in the Meenah Mienne (My Dream) project – Aboriginal arts mentors work with young Tasmanian Aboriginal people at risk of involvement in the Youth Justice system.

This project involved the provision of training to artists and Elders in mentorship skills to support young offenders at risk of entering the youth justice system. There has been some early development of support services to develop prevention programs on problem gambling.

New South Wales- not applicable

Queensland has continued to implement a range of programs in the areas of substance use, healthy weight, employment initiatives, sport, recreation and physical activity health promotion and mothers and babies. There are specific initiatives through the Healthy Weight Program, Eat Well be Active Campaign and the Coen Physical Activity Partnership for Aboriginal and Torres Strait Islander people in Queensland.

Victoria has implemented Aboriginal Best Start which is a prevention and early intervention project aimed at improving the health, development, learning and wellbeing of Aboriginal children. In addition, an Aboriginal Child Health and Wellbeing Survey is currently being developed to monitor outcomes for Aboriginal children.

A report is expected in 2006/07 outlining the *4 Steps of Life Program* and determining the most appropriate process for implementing the program in Aboriginal communities.

Western Australia has developed an action orientated three year health promotion strategy targeting areas of smoking, nutrition and physical activity. Other Aboriginal health promotion priority areas being implemented include alcohol and other drug use, sexual health, healthy eating, social emotional wellbeing and mental health.

ACT Health continued to support the Aboriginal Midwifery Access Program at the Aboriginal Community Controlled health service, Winnunga Nimmityjah. Between July 2006 and June 2007, 73 women accessed the service with a total of 1861 episodes of care delivered. ACT Health also supported the delivery of outreach correctional health services to Aboriginal and Torres Strait Islander people in custody.

Key Result Area Seven: Data, research and evidence

Introduction

Actions here aim to improve the quality of information and information management processes related to the health of Aboriginal and Torres Strait Islander people. There is specific emphasis on refinement in the collection and utilisation of data on successful health care provision. There is also the promotion and expansion of the range and quality of research on Aboriginal and Torres Strait Islander health with a focus on outcome driven interventions.

Summary of Outcomes

The Australian Government contributed to the implementation of the 1997 National Aboriginal and Torres Strait Islander Health Information Plan, through the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) Strategic Plan 2006-2008. Activities included:

- Commencement of an audit of the quality of Indigenous identification within hospital data;
- Commencement of a project to assess the accuracy of Indigenous identification in the mortality data through a Census data enhancement project;
- Hosting of a meeting of the International Health Measurement Group to discuss Indigenous data issues in US, Canada, NZ and Australia;
- Development of the Voluntary Indigenous Identifier communication campaign (with Medicare Australia).

In November 2006, the first report against the Aboriginal and Torres Strait Islander Health Performance Framework was published. This report made extensive use of the existing national data collections in relation to health outcomes, determinants of health including employment, income and housing, and health system performance.

South Australia undertook a number of activities including a review of the extent to which main health data collections comply with the national standard for establishing Indigenous Status, as specified in the National Health Data Dictionary. Key recommendations of the review are in the process of being implemented, which include changes to computer systems and patient admission/client registration forms. SA also worked to support organisations to establish and maintain improved data management processes. The SA Department of Health used the South Australian Monitoring and Surveillance System (SAMSS) data to produce a chart book to provide evidence-based information on the health and wellbeing status of South Australia's Aboriginal and Torres Strait Islander peoples. The chart book includes information on the prevalence of chronic conditions, risk factors, mental health and social determinants of health. In order to improve standards for identification of Indigenous people in hospital separations data, staff in metropolitan and country hospitals were provided with training on the importance of asking and the correct way of asking the Indigenous Status question.

Tasmania has continued to work on a range of their administrative data sets such as in the DHHS for improving data collected in relation to Indigenous people and Implemented a clinical information management system within Forensic Mental Health Services.

New South Wales reported on Aboriginal health in the Chief Health Officer's 'The Health of the People of New South Wales'. There has been ongoing work in data development information management, which is developing primary health care data at a local, regional and state level.

Queensland has continued its focus on improving hospital data. There has been ongoing work in the area of indicator development consistent with national activity of the Health Performance Framework. There has been continuing work to enhance data systems in primary health care services.

Victoria is continuing to work on the Koori Information Plan, designed to improve the availability and quality of data on health and wellbeing on Aboriginal people and the Koori Maternity Data Exploration Project to provide an overview of the data that currently exists and prepare a report outlining minimum data elements necessary to monitor pregnancy and birth outcomes for the program.

The Northern Territory government continues to collect information with the specific purpose of informing NT policy and service planning in Aboriginal health and wellbeing. Research includes household alcohol consumption surveys; a sexual health research agenda for the NT; survival analysis after myocardial infarction and the continuing update of perinatal and mortality data. Other commitments include population projections model for the Northern Territory; modeling of future NT health care need; burden of disease study of Aboriginal Territorians; core funding support to Menzies School of Health Research and a core partner role with the Cooperative Research Centre on Aboriginal Health.

Western Australia has continued to support research and epidemiology activities to improve the quality of evidence based health planning for Aboriginal health consumers. The 2007 Environmental Health Survey is underway and results will be published in 2008.

The Australian Capital Territory undertook a comprehensive review of the quality and availability of Aboriginal health data in the ACT and a number of projects are being considered as a result, including: hospital patient data, death registrations, pathology forms and immunisation records.

Key Result Area Eight: Resources and finance

Introduction

The focus of this area is to track developments that deliver equitable, flexible and sustainable resources to Aboriginal and Torres Strait Islander health.

Summary of Outcomes

The Australian Government developed a National Planning Framework to ensure a nationally consistent evidence-based approach to allocating new funding to Aboriginal and Torres Strait primary health care services across Australia. Funds have been used to enhance existing services and increase the number of services with a particular emphasis on adding new services in rural and remote areas.

New South Wales provided funding to a range of Aboriginal health initiatives to support access and equity for Indigenous people.

South Australia provided funding to a range of health initiatives during the reporting period that improve access and equity for Indigenous people.

Tasmania has provided additional service support to a range of service areas that will support equity of access to services for Indigenous people.

Queensland provided funding to evidence based and innovative solutions identified through the Queensland Implementation Plan, for health and the broader determinants of ill-health for Indigenous Queenslanders and increased allocation of Chronic disease funding.

Victoria provided funds to a range of services through A Fairer Victoria to support access to equitable and sustainable services for Indigenous people.

In 2006, the Northern Territory Government undertook a review of its expenditure related to the Territory's Aboriginal and Torres Strait Islander population, and their findings were that approximately 59 per cent of the Department of Health and Community Services budget can be attributed to the Indigenous population of the Territory. The Department has locked both the programme development and monitoring functions on one Division.

Western Australia provided funding to a range of health initiatives during the reporting period that improve access and equity for Indigenous people.

In the ACT, flexibility of funding allocations to community organisations will be reviewed under the ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006-2011.

Key Result Area Nine: Accountability

Introduction

This area covers mechanisms to achieve accountability through increased communication and transparency in the decision making process; a streamlined, effective and consistent reporting framework; and greater reciprocity of information between governments, providers and consumers of Aboriginal and Torres Strait Islander health services.

Summary of Outcomes

The Australian Government has introduced a Single Funding Agreement for OATSIH funded services that will integrate and replace a range of existing multiple funding streams. All OATSIH-funded Aboriginal and Torres Strait Islander Community Controlled Medical services organisations now work under the same Standard Funding Agreement, which allows them to report all health program activities twice yearly in a consolidated format. The Australian Government continues to report against the National Strategic Framework - qualitative reporting is occurring on an annual basis on health portfolio performance and biennially on whole of government performance. Quantitative reporting will occur biennially through the Health Performance Framework. During 2006-07 the Overcoming Indigenous Disadvantage framework was reviewed and the Department of Health and Ageing provided comments on improving the analysis of health outcomes and health system performance in the framework. The report against the revised framework was published in May 2007.

New South Wales has continued the development of its evaluation framework for Health's Centre for Aboriginal Health. In collaboration with Australian Government stakeholders and Aboriginal community controlled health services, they established a joint Service Development and Reporting Framework for NSW. NSW has established Aboriginal and Chronic Care Standards that are being implemented and promoted for mainstream service providers.

South Australia continued to work towards improving the transparency of grant funding processes and streamlining grant funding mechanisms, and to increase communication and reciprocity of information flow.

The Tasmanian Government's DHHS has established ongoing consultative and information sharing mechanisms with the Aboriginal organisations and community.

The Queensland Government is currently establishing indicators for the Indigenous Health Package which supports the Queensland Government Implementation Plan 2004-2008. An evaluation of the first 12 months of the implementation of the Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People's Health 2005-06 has commenced to identify areas that require a greater focus. There has also been the ongoing participation in the Queensland Aboriginal and Torres Strait Islander Health Partnership and its support structures such as working groups and regional health forum model.

In partnership with the Community Controlled Health Sector, the Northern Territory Government will jointly report on 19 Key Health Performance Indicators. This represents a commitment of the NT government to align quality and outcomes for Aboriginal and Torres Strait Islander Territorians. The Department has also commissioned additional work from the AIHW around indicators contained in the Health Performance Framework to identify NT data separately from national data. This allows the NT efforts to be open and factual.

Western Australia has developed and implemented a range of accountability processes internally in the Western Australian Health Department and with external stakeholders. These processes included internal audit procedures and risk management requirements, and are applicable to all areas of management, operations, service delivery, planning and reporting. There has also been the ongoing participation in the Western Australia Aboriginal Health Partnership and its support structures such as working groups and regional health forum model.

The ACT Health Portfolio Executive has agreed to include Aboriginal and Torres Strait Islander performance indicators in performance agreements of all ACT Health Executives and Managers. All new policies, strategies and programs developed are required to complete an Impact Statement approved by the Aboriginal and Torres Strait Islander Health Unit of ACT Health.

Victoria has continued to provide advice on the development of Aboriginal health policies and programs and have been involved in a number of projects relation to improving Aboriginal health and well being.

Conclusion

The qualitative jurisdictional reports against the NSFATSIH increase the accountability of Governments against their commitment to improving Aboriginal and Torres Strait Islander health.

The third round of jurisdictional reports for 2006 – 2007 has highlighted the collaborative activity being undertaken across portfolio agencies and across jurisdictions to address issues for Aboriginal and Torres Strait Islander people.

The focus in 2006/07 has continued to be to contribute to effective primary health care services for Aboriginal and Torres Strait Islander people. There has also been concerted effort in specific areas such as chronic disease, early childhood, social and emotional wellbeing, and a focus on improving data quality.

Approaching the mid-point of the National Strategic Framework for Aboriginal and Torres Strait Islander Health, it is an opportune time for jurisdictions to re-examine their respective implementation plans and revise them accordingly. The first quantitative report of progress, the Aboriginal and Torres Strait Islander Health Performance Framework 2006 Report, will also assist in focussing effort.

Challenges

The development of the required workforce remains a major challenge. As is seen in this report, activities to increase the capacity of the Indigenous health workforce are being undertaken by all jurisdictions.