National Strategic Framework for Aboriginal and Torres Strait Islander Health

Framework for action by Governments

July 2003

Prepared by the
National Aboriginal and Torres Strait Islander Health Council
for the
Australian Health Ministers' Conference

Relationship to the National Aboriginal Health Strategy (1989)

The *National Aboriginal Health Strategy* (NAHS), released in 1989 was built on extensive community consultation to produce a landmark document that set the agenda for Aboriginal health and Torres Strait Islander health. Although never fully implemented (as indicated by its 1994 evaluation), the NAHS remains the key document in Aboriginal and Torres Strait Islander health. It is extensively used by health services and service providers and continues to guide policy makers and planners. This *National Strategic Framework* is a complementary document that builds on the 1989 NAHS and addresses approaches to primary health care and population health within contemporary policy environments and planning structures.

Citation Details:

For citation purposes this document should be referred to as: *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for action by Governments*, NATSIHC, Canberra.

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National Strategic Framework for Aboriginal and Torres Strait Islander Health

Foreword

Australians in general are one of the healthiest populations of any developed country and have access to a world-class health system. Indigenous Australians in general are the least healthy of all Indigenous populations within comparable developed countries and have a significantly lower level of access to appropriate health care than non-Indigenous Australians.

The health status of Aboriginal and Torres Strait Islander peoples is well documented. The statistics are harrowing with the life expectancy of Indigenous Australians around 20 years less than non-Indigenous people and death rates between two and four times higher. Key social or economic indicators such as poverty, employment, housing, education, incarceration and health show that Aboriginal and Torres Strait Islander peoples are at higher risk of disadvantage compared with non-Indigenous Australians. Aboriginal and Torres Strait Islander health representatives and individual community members can relate local human experiences to support these statistics and indicators.

Successive governments in each jurisdiction and through a variety of portfolio-specific responses have tried to improve the health status of Aboriginal and Torres Strait Islander peoples. From their efforts we have learned that independent approaches by individual portfolios within governments, operating without the support and partnership of Aboriginal and Torres Strait Islander communities, have little positive impact. Whilst some significant successes have been realised, the ad hoc approaches of the past have resulted in many examples of unsustainable programs and, with little coordinated activity, gaps and duplication and inefficient use of resources.

Resolving the issues underpinning Aboriginal and Torres Strait Islander health problems is therefore a shared responsibility requiring partnerships between Aboriginal and Torres Strait Islander organisations, individuals and communities, and a number of government agencies across all levels of government. It requires concerted action both across and beyond the health sector to address the complex and inter-related factors that contribute to the causes and persistence of health problems amongst Aboriginal and Torres Strait Islander peoples.

Whilst the problems are difficult, they are not insurmountable. Progress has been made over the last decade in identifying the most pressing health problems and the most promising responses and in establishing the infrastructure to support implementation of a more comprehensive and coordinated effort.

There is some early evidence of health gains, such as reduced rates of child mortality and communicable disease in certain communities for specific sub-populations. These community studies are beginning to show that gains occur where there is collaboration between Aboriginal and Torres Strait Islander communities and governments and comprehensive services supported by adequate and sustained funding.

Within the health system, the crucial mechanism for improving Aboriginal and Torres Strait Islander health is the availability of comprehensive primary health care services. Effective and appropriate primary health care services must be available to all Aboriginal and Torres Strait Islander peoples. These services should maximise community ownership and control, be adequately funded, have a skilled and appropriate workforce and be seen as a key element of the broader health system.

The Agreements on Aboriginal and Torres Strait Islander Health (Framework Agreements) provide a sustained commitment from governments to policy directions agreed between all partners at the state and territory level, and are an important component of this National Strategic Framework. Through the Framework Agreements, initiatives have commenced which address the four key areas listed below. This National Strategic Framework is consistent with and builds on these areas:

- Increasing the level of resources to reflect the higher level of need of Aboriginal and Torres Strait Islander peoples;
- Improving access to both mainstream and Aboriginal and Torres Strait Islander specific health and health related programs which reflect the higher level of need;
- Joint planning processes which allow for full and formal Aboriginal and Torres Strait
 Islander participation in decision-making and determination of priorities; and
- Improved data collection and evaluation.

At the beginning of the 21st Century, the devastating impact of poor health on Aboriginal and Torres Strait Islander peoples and communities cannot go on. It is timely for us to commit to a long-term collaborative approach to addressing the health status of Aboriginal and Torres Strait Islander peoples as a matter of urgency. It is time for us to work together across governments and across portfolios in a spirit of bi-partisanship and in full collaboration with Aboriginal and Torres Strait Islander health leaders and communities to progress long-term strategies for sustainable outcomes.

The *National Aboriginal Health Strategy* (NAHS), released in 1989 was built on extensive community consultation to produce a landmark document that set the agenda for Aboriginal health and Torres Strait Islander health. Although never fully implemented (as indicated by its 1994 evaluation), the NAHS remains the key document in Aboriginal and Torres Strait Islander health. It is extensively used by health services and service providers and continues to guide policy makers and planners. This *National Strategic Framework* is a complementary document that builds on the 1989 NAHS and addresses approaches to primary health care and population health within contemporary policy environments and planning structures.

This *National Strategic Framework* is based on a commitment to nine principles:

- <u>Cultural respect</u>: ensuring that the cultural diversity, rights, views, values and expectations of Aboriginal and Torres Strait Islander peoples are respected in the delivery of culturally appropriate health services.
- A holistic approach: recognising that the improvement of Aboriginal and Torres Strait Islander health status must include attention to physical, spiritual, cultural, emotional and social well-being, community capacity and governance.
- <u>Health sector responsibility</u>: improving the health of Aboriginal and Torres Strait Islander individuals and communities is a core responsibility and a high priority for the whole of the health sector. Making all services responsive to the needs of Aboriginal and Torres Strait Islander peoples will provide greater choice in the services they are able to use.
- <u>Community control of primary health care services</u>: supporting the Aboriginal community controlled health sector in recognition of its demonstrated effectiveness in providing

appropriate and accessible health services to a range of Aboriginal communities and its role as a major provider within the comprehensive primary health care context. Supporting community decision-making, participation and control as a fundamental component of the health system that ensures health services for Aboriginal and Torres Strait Islander peoples are provided in a holistic and culturally sensitive way.

- Working together: combining the efforts of government, non-government and private organisations within and outside the health sector, and in partnership with the Aboriginal and Torres Strait Islander health sector, provides the best opportunity to improve the broader determinants of health.
- Localised decision making: health authorities devolving decision making capacity to local Aboriginal and Torres Strait Islander communities to define their health needs and priorities and arrange for them to be met in a culturally appropriate way in collaboration with Aboriginal and Torres Strait Islander health and health related services and mainstream health services.
- Promoting good health: recognising that health promotion and illness prevention is a fundamental component of comprehensive primary health care and must be a core activity for specific and mainstream health services.
- Building the capacity of health services and communities: strengthening health services and building community expertise to respond to health needs and take shared responsibility for health outcomes. This includes effectively equipping staff with appropriate cultural knowledge and clinical expertise, building physical, human and intellectual infrastructure, fostering leadership, governance and financial management.
- Accountability: including accountability for services provided and for effective use of funds by both community-controlled and mainstream health services. Governments are accountable for effective resource application through long-term funding and meaningful planning and service development in genuine partnership with communities. Ultimately, government is responsible for ensuring that all Australians have access to appropriate and effective health care.

This document draws together nationally agreed strategies to address specific health problems, state and territory policies and plans and the national collaborative policy and planning frameworks within which Aboriginal and Torres Strait Islander health programs are managed today. It also identifies the key priorities (some new and some long-standing) that must be addressed within the health and community services systems.

This *National Strategic Framework* is consistent with the Council of Australian Government's (COAG) Reconciliation Framework (2000) which advocates a whole of government approach to addressing three priority areas:

- Investing in community leadership and governance initiatives;
- Reviewing and re-engineering programs and services to ensure that they deliver practical
 measures that support families, children and young people. In particular, measures for
 tackling family violence, drug and alcohol dependency and other symptoms of
 community dysfunction; and

• Forging greater links between the business sector and Aboriginal and Torres Strait Islander communities to help promote economic independence.

The COAG Reconciliation Framework focuses also on partnerships between governments and Aboriginal and Torres Strait Islander communities and improving the availability and quality of data.

This National Strategic Framework commits governments to monitoring and implementation within their own jurisdictions, working together at the national level and working across government on joint initiatives between health departments and other portfolios. Through their Framework Agreement partnership structures, each jurisdiction will develop and publish a detailed Strategic Framework implementation plan including accountabilities for progressing the action areas, timeframes and reporting mechanisms. Provision of financial resources to implement the Strategic Framework will depend on fiscal management strategies and competing funding priorities as determined by each jurisdiction's budget processes. An independent mid term review of progress against the implementation plan and outcomes achieved will be undertaken and published and an independent evaluation of the National Strategic Framework's outcomes will be conducted and published at its completion. Health portfolios will report on progress annually to the Australian Health Ministers' Conference and biennial whole of government progress reports will be prepared and published. Progress with implementation of this National Strategic Framework will be monitored by the Australian Health Ministers' Advisory Council through a joint meeting of its Standing Committee of Aboriginal and Torres Strait Islander Health and the National Aboriginal and Torres Strait Islander Health Council.

Governments intend this *National Strategic Framework for Aboriginal and Torres Strait Islander Health* to inspire confidence amongst Aboriginal and Torres Strait Islander communities, organisations and leaders that we recognise the broader context of health disadvantage amongst Aboriginal and Torres Strait Islander peoples and have a long-term and bipartisan commitment to working with them to address it.

Senator the Hon Kay Patterson on behalf of the Commonwealth of Australia

The Hon Morris Iemma MP on behalf of New South Wales

The Hon Wendy Edmond MP on behalf of Queensland

The Hon Bronwyn Pike MP on behalf of Victoria

The Hon Lea Stevens MP on behalf of South Australia

The Hon David Llewellyn MHA on behalf of Tasmania

The Hon Jane Aagaard MLA on behalf of Northern Territory

The Hon Jim McGinty MLA on behalf of Western Australia

Mr Simon Corbell MLA on behalf of Australian Capital Territory

SIGNED for and on behalf of COMMONWEALTH OF AUSTRALIA by Senator the Hon Kay Patterson Minister for Health and Ageing	
SIGNED for and on behalf of NEW SOUTH WALES by the Hon Morris Iemma MP Minister for Health	
SIGNED for and on behalf of QUEENSLAND by the Hon Wendy Edmond MP Minister for Health	
SIGNED for and on behalf of VICTORIA by the Hon Bronwyn Pike MP Minister for Health	
SIGNED for and on behalf of WESTERN AUSTRALIA by the Hon Jim McGinty MLA Minister for Health Attorney General	
SIGNED for and on behalf of SOUTH AUSTRALIA by the Hon Lea Stevens MP Minister for Health	
SIGNED for and on behalf of TASMANIA by the Hon David Llewellyn MHA Minister for Health and Human Services	
SIGNED for and on behalf of NORTHERN TERRITORY by the Hon Jane Aagaard MLA Minister for Health and Community Services	
SIGNED for and on behalf of AUSTRALIAN CAPITAL TERRITORY by the Mr Simon Corbell MLA Minister for Health and Community Care	

National Strategic Framework for Aboriginal and Torres Strait Islander Health

Goal

To ensure that Aboriginal and Torres Strait Islander peoples enjoy a healthy life equal to that of the general population that is enriched by a strong living culture, dignity and justice.

Aims

To achieve this goal specific aims relating to life expectancy, morbidity, mortality and the prevalence and impact of particular health conditions need to be achieved. The aims listed below relate to already agreed national performance indicators (NPI -indicated by number in brackets and specified at Appendix Five of the Context document) and provide the basis for measuring the impact of this National Strategic Framework on some significant indicators of health outcomes.

- 1. Increase life expectancy to a level comparable with non-Indigenous Australians. (NPI #5)
- 2. Decrease mortality rates in the first year of life and decrease infant morbidity by:
 - Reducing relative deprivation; and
 - Improving well being and quality of life. (NPI #6-10, 26, 28, 32,48)
- 3. Decrease all-causes mortality rates across all ages. (NPI #50-56)
- 4. Strengthen the service infrastructure essential to improving access by Aboriginal and Torres Strait Islander peoples to health services (NPI #15-24) and responding to:
 - Chronic disease, particularly cardiovascular disease, renal disease, diseases of the endocrine system (such as diabetes), respiratory disease and cancers; (NPI #41, 43, 44, 54, 55, 56)
 - Communicable disease, particularly infections in children and the elderly, sexually transmissible infections and blood borne diseases (including Hepatitis C); (NPI #37, 38, 39)
 - Substance misuse, mental disorder, stress, trauma and suicide; (NPI #30, 32-36, 46, 53)
 - *Injury and poisoning;* (NPI #35, 42, 53)
 - Family Violence, including child abuse and sexual assault; (NPI #32, 35, 42, 53) and
 - *Child and maternal health and male health.* (NPI #5-10, 25-32, 47-49)

National Strategic Framework for Aboriginal and Torres Strait Islander Health

Priorities

The immediate priority areas for government action listed below have been adopted by governments following a consultation process on the *Draft for Discussion* released in February 2001. They have been cross-referenced with the Aims, Key Result Areas and National Performance Indicators.

- Strengthening comprehensive primary health care: It is internationally accepted that comprehensive primary health care provides an opportunity to deliver a range of services required to meet the complex and interactive health needs of Aboriginal and Torres Strait Islander peoples in a holistic way¹. This *National Strategic Framework* supports governments, the private sector and community controlled health and health related services working together to strengthen existing approaches to comprehensive primary health care. (References: all Aims, KRA1, NPI #15-24)
- <u>Emotional and social well-being</u>: In recognition of the holistic notions of health held by Aboriginal and Torres Strait Islander peoples and the impact of emotional and social well-being on health status, this *National Strategic Framework* will focus on:
 - *Mental health problems and suicide* (References: Aim #4, KRA4, NPI # 32-34, 36, 53);
 - <u>The protection of children from abuse and violence, including sexual abuse:</u>
 Members of Aboriginal and Torres Strait Islander communities and staff of Aboriginal and Torres Strait Islander health and health related services are struggling with the consequences of disproportionately high levels of family violence. Therefore the National Aboriginal and Torres Strait Islander Health Council has called on governments and communities to work together to address family violence and child abuse as a matter of urgency.² (References: Aim #4, KRA # 4 and NPI # 32)
 - Responses to alcohol, smoking, substance and drug misuse: In recognition of the impact on the health and well-being of individuals and communities of alcohol, smoking, substance and drug misuse, this National Strategic Framework aims to support initiatives being developed specifically for Aboriginal and Torres Strait Islander peoples. In particular, it supports activities being undertaken through the National Drug Strategy, including the National Indigenous Substance Misuse Strategy (under development), the Commonwealth Government's Substance Misuse Program, and state/territory Aboriginal and Torres Strait Islander substance misuse initiatives. It also supports mainstream strategies addressing areas such as alcohol and smoking and aims to ensure that they include actions that focus on the particular concerns of Aboriginal and Torres Strait Islander peoples. (References: Aim #4, KRA4, NPI #29, 30); and

¹ Kunitz SJ (1996). "The History and Politics of US Health Care for American Indians and Alaskan Natives" in *American Journal of Public Health*, 86; Matheson D (2000), *Keynote presentation to the Second International Primary Health Care Conference*, Melbourne 2000; Health and Welfare Canada (1992), *Aboriginal Health in Canada*, Minister of National Health and Welfare, Canada.

² National Aboriginal and Torres Strait Islander Health Council 2001, Communique: 7 December 2001

- Male Health³: Aboriginal and Torres Strait Islander males have the lowest life expectancy, poorest health and highest incarceration rates of all Australians. In 1995-97, more than half (53%) of the deaths of Aboriginal and Torres Strait Islander males were of men aged less than 50 years. This is in contrast to the rest of the Australian male population, the majority of whom (75%) die at ages over 65 years. (References: all Aims, KRA2, NPI #29-33, 36-46, 49-55);
- To address the **pre-determinants of chronic disease** in adult populations, this *National* Strategic Framework will focus in particular on:
 - Nutrition and Physical Activity: the impact of poor nutrition and low physical activity on chronic disease is well documented and the potential health gains of improvements in these areas are significant. This National Strategic Framework aims to support current national approaches to nutrition in Aboriginal and Torres Strait Islander communities and considers possible cross-agency action to overcome problems associated with the supply, storage and cost of fresh food in remote locations (*References*: all Aims, KRA6, NPI #4, 29-31);
 - Child and Maternal Health: Aboriginal and Torres Strait Islander women have a higher birth rate (2.2 babies compared with 1.7 babies for non-Indigenous women) and are more likely to give birth at a younger age than non-Indigenous women (24.5 years compared with 29.8 years respectively). The 2000 Aboriginal and Torres Strait Islander infant mortality rate (14 deaths per 1000 live births) was nearly three times the national rate (5 deaths per 1000 births). The proportion of low birth weight infants among babies of Aboriginal and Torres Strait Islander mothers is nearly two times as high as for babies of non-Indigenous mothers; 12 percent compared with 7 per cent respectively. Deaths from Sudden Infant Death Syndrome are five times greater⁸ and there is a greater incidence of hearing health problems in young Aboriginal and Torres Strait Islander children. This National Strategic Framework recognises that the health of women during pregnancy has a major impact upon the health of babies and young children which in turn has an impact upon the incidence of chronic disease in the adult population (*References*: Aim#2, KRA 6, NPI# 5, 6, 26, 28, 48); and
 - **Oral Health**: this National Strategic Framework recognises the impact of poor oral health on chronic disease and self-esteem and makes provision for a national approach to addressing Aboriginal and Torres Strait Islander disadvantage in this area. (References: Aim #4, KRA2, no specific NPI);

³ Clearly action to address male health will need to be taken across a number of key result areas and in particular, strategies to address the pre-determinants of chronic disease will be crucial for improving male health. This National Strategic Framework places male health in the context of emotional and social well-being in recognition of the expressed desire of Aboriginal and Torres Strait Islander males to strengthen male cultural identity and their concerns regarding poor spiritual and social well being, substance misuse and family violence as underlying factors that contribute to poor physical health.

⁴ Australian Bureau of Statistics, 2001, *Deaths Australia, 2000*. ABS Cat. No. 3302.0. Canberra: ABS

⁵ Australian Bureau of Statistics, 2001, *Births Australia 2000*. ABS Cat No. 3301.0. Canberra. ABS

⁶ ABS 2001, *Deaths Australia 2000* op cit.

ABS 2001. Births Australia 2000, op cit

⁸ Australian Institute of Health and Welfare 2002, Report on the Health and Well-Being of Australia's Children. Canberra. AIHW.

- Improving the health of Aboriginal and Torres Strait Islander peoples in custodial settings: This National Strategic Framework recognises the disproportionate numbers of Aboriginal and Torres Strait Islander peoples in correctional facilities combined with issues of emotional and social well-being and poorer general health. Aboriginal and Torres Strait Islander peoples are incarcerated at 14 times the rate of the non-Indigenous population. In 1997, 3580 (3,347 males and 233 females) prisoners were identified as Aboriginal and/or Torres Strait Islander. This represented 19% of the prison population at the time. This National Strategic Framework encourages greater involvement by community health services, medical and allied health professionals in the provision of primary and specialist health care and substance misuse education programs for Aboriginal and Torres Strait Islander peoples in custodial settings and addresses the need for effective pre and post release programs. (Aim #4, KRA6, and NPI #11).
- Data availability and quality: Overcoming the shortcomings of Aboriginal and Torres Strait Islander data and information is a key focus of this *National Strategic Framework*, notwithstanding some progress in recent years particularly in Western Australia, South Australia and the Northern Territory. In particular, there is an urgent need to improve identification of Aboriginal and Torres Strait Islander peoples and improve hospital data including information on episodes of care.

Action to address these priorities are included in the key result areas: in particular *Key Result Area Two* (which covers comprehensive primary health care), *Key Result Area Four* (which covers emotional and social well-being, male health, substance misuse and family violence) and *Key Result Area Seven* (which covers data and research). Actions contained in other key result areas are **underlined in bold type** to distinguish them from the longer-term priority action areas.

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⁹ Australian Bureau of Statistics, 1998. *Prisoners in Australia 1997*, Melbourne ABS

National Strategic Framework for Aboriginal and Torres Strait Islander Health

Key Result Areas

GROUP A: TOWARDS A MORE EFFECTIVE AND RESPONSIVE HEALTH SYSTEM

The Australian health system has a number of components, all of which must be responsive to the needs of Aboriginal and Torres Strait Islander peoples at the local level and must provide culturally sensitive and accessible services. Comprehensive primary health care, encompassing clinical/medical care, illness prevention services, specific population health programs for health gain, access to secondary and tertiary health services and client/community support and advocacy, is the centrepiece of the health system for Aboriginal and Torres Strait Islander peoples.

Aboriginal community controlled health services (ACCHSs) are the best practice model for the delivery of comprehensive primary health care to Aboriginal and Torres Strait Islander communities. In many circumstances other provider groups (for example general practitioners and State/Territory government health services as well as private specialists, private hospitals and organisations such as the Royal Flying Doctor Services) provide primary health care services to Aboriginal and Torres Strait Islander peoples. However, while acknowledging that such providers have delivered technically competent health services, only ACCHSs currently provide culturally appropriate health services to Aboriginal and Torres Strait Islander peoples.

ACCHSs are fundamental to delivering health services to their local community in a holistic and culturally appropriate way and can ensure that a range of primary health care services are available. However it is important that mainstream services do not defer to the existence of ACCHSs as a reason to ignore their responsibilities to provide culturally sensitive services to Aboriginal and Torres Strait Islander peoples. Given the complex health needs and multifactorial causes of poor health amongst Aboriginal and Torres Strait Islander peoples, an approach is needed that fosters the complementarity of both ACCHSs and mainstream services working together, taking into account local circumstances and capacity.

Key Result Area One focuses on Aboriginal community controlled primary health care services. It recognises the continuing need for strong ACCHSs and supports the fundamental principles of community decision-making, influence and control over the way health services for Aboriginal and Torres Strait Islander peoples are managed and delivered within the comprehensive primary health care context. It includes mechanisms for strengthening the capacity of local communities and ACCHSs to continue to address the health needs of their local communities.

The most comprehensive definition of Aboriginal community control is that advocated by NACCHO, consistent with that adopted by the 1989 NAHS. It defines an Aboriginal community controlled health service as:

- An incorporated Aboriginal organisation;
- Initiated by an Aboriginal community;
- Based in a local Aboriginal community;

- Governed by an Aboriginal body which is elected by the local Aboriginal community;
 and
- Delivering a holistic and culturally appropriate health service to the community that controls it.

A service that contains these elements represents true community control and best practice. However, it is acknowledged that there are a variety of currently existing governance structures that may be considered stages along a process that can lead over time to the development of a fully community-controlled 'best practice' service.

Key Result Area Two focuses on actions to strengthen the whole of the health system's responsiveness to the needs of Aboriginal and Torres Strait Islander peoples. Key Result Area Three advocates actions for strengthening the health workforce, including the participation of Aboriginal and Torres Strait Islander peoples across the health system. Key Result Area Four advocates actions addressing the emotional and social well-being of individuals and communities, including in the areas of alcohol and substance misuse, family violence and child abuse, male health, mental health and suicide.

Aboriginal and Torres Strait Islander peoples have the same right to access the appropriate type and mix health services as other Australians. The challenge is to enable all parts of the health system to meet the health needs of Aboriginal and Torres Strait Islander peoples. Comprehensive primary health care provides the infrastructure and the Framework Agreements provide the partnership arrangements for this to occur. The challenge is for the whole health sector to better use these structures and to collaborate with other sectors to achieve sustainable health gains for Aboriginal and Torres Strait Islander peoples.

Key Result Area One: Community controlled primary health care services.

Key Result Area One aims to continue support for adequately resourced, well-planned ACCHSs. It advocates partnerships between community controlled health services and mainstream services to ensure that Aboriginal and Torres Strait Islander communities have access to the full range of services expected within the comprehensive primary health care context. It supports the fundamental principles of community decision-making, influence and control over the way health services for Aboriginal and Torres Strait Islander peoples are managed and delivered. There is growing evidence that increasing control and social cohesion increases the capacity of individuals and communities to make healthy choices that support their own health outcomes. Therefore, Key Result Area One also focuses on building communities' capacity to take control of and be responsible for their own health outcomes.

Objectives

- Strong community controlled primary health care services that can draw on mainstream services where appropriate to ensure that Aboriginal and Torres Strait Islander communities have access to the full range of services expected within a comprehensive primary health care context;
- Improved community decision-making, influence and control over the management and delivery of health services to Aboriginal and Torres Strait Islander communities.

¹⁰ For example: Baum F (1998), *The New Public Health: An Australian Perspective*, Oxford University Press, Melbourne; Kawachi I, Kennedy BP, Wilkinson RC, *The Society and Population Health Reader: income inequality and health* (1999), The New Press, New York.

• Improved capacity of individuals and communities to manage and control their own health and well being.

Action Areas

- Continue to fund Aboriginal Community Controlled Primary Health Care Services.
- As part of a broader analysis of the health system's responses to Aboriginal and Torres Strait Islander peoples, identify costings and core services for rural, remote and urban Aboriginal and Torres Strait Islander community controlled health services and flexible funding arrangements that maximise community control (see also Key Result Area Eight).
- The *Framework Agreements* aim to improve cooperation and coordination of current service delivery by both ACCHSs and mainstream services and by all government jurisdictions. To this end, planning forums established under the *Framework Agreements* should link with:
 - mainstream health sector regional and area health plans; and where possible
 - ATSIC regional planning arrangements;
 - municipal public health plans and community environmental health plans; and
 - local community planning information as the basis for regional planning.
- Commit to and resource the regional planning structures established under the *Framework Agreements* as the primary mechanism by which local priorities are determined and implement existing regional plans.
- Support capacity building for ACCHSs to respond to emerging health problems and the application of new techniques and models by providing resources to enable access to appropriate training. This could include skills in epidemiology, primary prevention, program development and management, and technical support for the use of new technologies.
- Develop a plan for the optimal resourcing, provision and maintenance of health service buildings and equipment. This could include national building and equipment needs, ensuring that buildings are appropriately located, designed and maintained to ensure maximum utility; that designs are appropriate to use, are culturally appropriate and maximise capacity for maintenance using local skills; and support local skills development for the management of building and equipment maintenance programs.
- Develop a plan for installation and optimal resourcing of patient information systems in Aboriginal and Torres Strait Islander health services, including cost and sustainability of support and replacement systems, training in the use of these systems to enable users to analyse and share information and to understand, respect, protect and comply with privacy and confidentiality issues.
- Provide training and support for Aboriginal and Torres Strait Islander community members on boards of management and advisory groups. This should include management and administrative infrastructure training with a view to devolving resources to Aboriginal and Torres Strait Islander community health management structures in order to transfer the role of provider/purchaser in health service delivery to the community. In addition, training should include a focus on primary health care and public health to enhance capacity for informed decision making on health priorities.
- Develop, in partnership with communities, specific awareness programs that aim to increase community understanding and knowledge of the mainstream health system and

- identify health information needs as a basis of providing the community with the capacity to make informed decisions about their own health.
- In negotiation with Aboriginal and Torres Strait Islander communities, develop frameworks that could assist in assessing readiness and capacity of communities to manage health resources, and include capacity building targets in funding agreements.

Some Examples of successful programs and promising approaches

- ✓ The National Aboriginal Community Controlled Health Organisation (NACCHO) and some longer established Aboriginal health services, such as the Kimberley Aboriginal Medical Services Council (WA), and the Redfern Aboriginal Medical Service Cooperative Ltd (NSW), provide information to community organisations regarding effective models for health services in their area. This teaching and support role has supported a significant expansion of Aboriginal community-controlled services since their inception in the early 1970's.
- ✓ At a regional level, the Bila-Muuji initiative brings together six Aboriginal community-controlled health services in rural and remote regions of New South Wales. The regional grouping facilitates sharing of information, joint advocacy and representation with governments, development of innovative programs and approaches, accreditation, policy development, support to new communities aiming to develop their own Aboriginal health service, sharing of staff resources, and development of data and information systems. ¹¹
- ✓ A community directed healthy lifestyle program in the northwest of Western Australia achieved sustainable improvements in dietary intake and level of physical activity. Evaluation found that these changes were related to supportive policies implemented by the community council and store management and that community control and ownership enabled embedding and sustainability of the program. ¹²
- ✓ The Areyonga community (NT) identified priorities for their community at a community meeting, including housing, fencing, power and sewerage, as well as a swimming pool. Infrastructure grants met some identified needs but no funding was available for the pool. To build the pool the community identified savings that could be gained through coordinating with the construction projects and doing the work themselves whenever possible. Community members completed first aid courses and training in pool maintenance. The pool contributes to the health of children in the community by providing a safe alternative to swimming in water holes. It also provides ongoing employment to some community members who ensure that hygiene and safety procedures and standards are maintained. Ongoing maintenance and supervision is funded from the profits of the community store and pool entry fees. ¹³

Key Result Area Two: Health System Delivery Framework

Key Result Area Two identifies the actions that need to be taken at a strategic level within the health system to enhance service delivery to Aboriginal and Torres Strait Islander patients and communities within the comprehensive primary health care context. These actions include 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.

Objectives

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• Effective comprehensive primary health care, including population health services and programs.

¹¹ NACCHO 1999, Aboriginal Community Controlled Show Case, 14 March 1999, NACCHO, ACT

¹² Rowley KG, Daniel M, Skinner K, White GA and O'Dea K (2000) "Effectiveness of a community directed "healthy lifestyle" program in a remote Australian Aboriginal community", *Australian and New Zealand Journal of Public Health*, vol 24.No 2.

¹³ Department of Local Government, Northern Territory, (2000) *Best Practice: Swimming Pools*, Northern Territory Government and Commonwealth Department of Transport and Regional Services, NT

- Enhanced provision of comprehensive primary health care through increased coordination and the establishment of partnerships and collaborative linkages between Aboriginal community controlled health services and general (mainstream) services.
- General (mainstream) services that are better equipped to be responsive to the needs of Aboriginal and Torres Strait Islander peoples.
- Mainstream health planning processes that take account of priorities identified under Framework Agreement planning processes.
- Increased participation in planning and managing health services by Aboriginal and Torres Strait Islander peoples.
- Movement towards funding on the basis of need.

Action Areas

- Provide for <u>comprehensive primary health care</u> systems that include at least the following elements:
 - clinical services (for management of chronic and communicable disease, acute care and emergency care);
 - illness prevention services (including population health programs such as immunisation, antenatal care, screening programs and environmental health programs);
 - specific programs for health gain (for example antenatal care, nutrition, physical activity, social and emotional well-being, oral health and substance misuse);
 - access to secondary and tertiary health services and related community services (such as aged and disability services); and
 - client community assistance and advocacy services.
- Ensure the delivery, and continue the development and evaluation of **comprehensive primary health care** in partnership with the full range of health services, that maximise community decision making, influence and control in line with development of community capacity to manage health services. In particular governments should extend funding for primary health care services.
- Develop and implement integrated models of funding between all funding agencies that allow for comprehensive programs and long term sustainability of funding (see also Key Result Area Eight).
- Develop strategies to encourage and reinforce positive attitudes towards Aboriginal and Torres Strait Islander peoples and increased knowledge of the health needs of Aboriginal and Torres Strait Islander peoples amongst mainstream health professionals. Develop good practice guidelines for working with Aboriginal and Torres Strait Islander clients and communities.
- Increase Aboriginal and Torres Strait Islander participation in mainstream service management and planning.
- Develop and implement good practice protocols and guidelines including cultural protocols and bi-cultural competencies as core components of training for health professionals and incorporate in-service training of non-Aboriginal and Torres Strait Islander health professionals in ACCHSs and reciprocal exposure of Aboriginal and Torres Strait Islander ACCHS staff to general (mainstream) settings.

- Ensure that community controlled services, Divisions of General Practice, nurses and midwives, dentists, optometrists, nutritionists, environmental health workers, other allied health professionals and mainstream services work together to deliver a coordinated system of health promotion and primary care to Aboriginal and Torres Strait Islander patients. Implement effective protocols for health service delivery to Aboriginal and Torres Strait Islander peoples by the range of health professionals and improve referral, shared care, discharge planning and information sharing between acute care and primary care services including both mainstream services and ACCHSs at the regional and local level.
- Ensure that Divisions of General Practice make effective use of incentives for working with Aboriginal and Torres Strait Islander patients and develop models for accrediting and rewarding general practitioners working in Aboriginal and Torres Strait Islander communities. Ensure that funding and incentives do not discourage general practitioners from employment in salaried positions within services and provide support mechanisms for health professionals working in rural and remote locations similar to those provided to general practitioners.
- Support nurse practitioners with appropriate recognition, training and accreditation to enable them to perform a complex clinical role including medication and immunisation programs.
- Enhance the provision of medicines and pharmacy services to Aboriginal and Torres Strait Islander peoples through strategies to improve access to pharmacies and medicines through the Pharmaceutical Benefits Scheme and linkages to the pharmacy initiatives detailed in the Regional Health Strategy. 14
- Make non-Aboriginal and Torres Strait Islander health service providers aware of practitioners of traditional medicine in Aboriginal and Torres Strait Islander communities to foster recognition and respect for their role and skills and an understanding of the complementary roles of traditional healers and western-trained practitioners.
- In partnership with consumers and health professionals, identify and address existing barriers to accessing oral health services and affordable and appropriate oral hygiene products, particularly in rural and remote areas. Develop appropriate clinical and health promotion initiatives with the aim of improving the oral health of Aboriginal and Torres Strait Islander peoples.
- Implement agreed national strategies to address specific conditions such as the *National Indigenous Australians'* **Sexual Health** Strategy¹⁵ and the National Aboriginal and Torres Strait Islander **Hearing** Strategy.

Some Examples of successful programs and promising approaches

Four Coordinated Care Trials were funded for predominantly Aboriginal populations in Wilcannia, NSW, Tiwi Islands, NT, Katherine West, NT, and Perth/Bunbury, WA. They focused on delivery of a comprehensive primary health care service and community involvement in addressing health needs of Aboriginal and Torres Strait Islander peoples. The evaluation of the trials showed significant success including enhanced service access, improved service appropriateness and improved individual empowerment.

¹⁴ Department of Health and Aged Care, 2000, More Doctors Better Service: Regional Health Strategy, Canberra (DHAC, 2000)

¹⁵ ANCARD Working Party on Indigenous Australians' Sexual Health 1997. The National Indigenous Australians Sexual Health Strategy, Commonwealth Department of Health and Family Services 1997.

- ✓ The Specialist Outreach Service in the Northern Territory has been supported by the Royal Australian College of Surgeons, the Royal Australian College of Obstetricians and Gynaecologists, and the Commonwealth and Northern Territory governments. It has increased five fold the number of people able to see a specialist, improved doctor-patient relationships, and demonstrated reductions in the use of hospital facilities. ¹⁶
- ✓ The Commonwealth Minister for Health and Aged Care approved special arrangements under Section 100 of the National Health Act to facilitate Pharmaceutical Benefits Scheme medicines supply through community pharmacists and Aboriginal community-controlled health services. The Pharmacy Guild of Australia and the National Aboriginal Community Controlled Health Organisation are working together to improve medication supply to Aboriginal peoples in remote areas. Medicines can be provided at the same time that they are prescribed and Aboriginal and Torres Strait Islander health Workers can support their use. ¹⁷
- ✓ The Nganampa Health Council dental program for people living on the Anangu-Pitjantjatjara Lands in the far North West of South Australia gives priority to emergency care, school children, those with diabetes and other chronic medical conditions, dentures and dental health promotion to young adults. A system of data collection has been developed as a by-product of service provision. The program has received ongoing support from the South Australian Dental Service. A feature of the success of the program is the integration of the oral health program with other health service programs. ¹⁸
- The Ceduna Hospital has developed an Aboriginal Services Implementation Plan with the ultimate aim of improving health outcomes to Aboriginal communities serviced by the Ceduna Hospital. The plan outlines key objectives which include: to improve service for Aboriginal people; increase training relevant to Aboriginal health; strengthen ties with other organisations providing health services to Aboriginal people within the area; improve access entry and separation for Aboriginal patients; provide culturally appropriate environs; increase the number of Aboriginal staff and Aboriginal consumer input into service provision.

Key Result Area Three: A competent health workforce

A competent health workforce is integral to ensuring that the health system has the capacity to address the health needs of Aboriginal and Torres Strait Islander peoples. Key Result Area Three recognises that substantial work on a framework for workforce reform has been undertaken by the Commonwealth, State and Territory governments and the community controlled health sector in developing the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework. It recognises that action is now required on specific strategies to improve the training, supply, recruitment and retention of appropriately skilled health professionals, health service managers and health policy officers in both mainstream services and ACCHSs. Coordination of effort is required across the Commonwealth, State and Territory governments through both health and education and training portfolios, and in partnership with training providers and health sector employers to ensure the right skill mix and distribution in the health workforce and to ensure that health system reform is achievable.

Objective

A competent health workforce with appropriate clinical, management, community development and cultural skills to address the health needs of Aboriginal and Torres Strait Islander peoples supported by appropriate training, supply, recruitment and retention strategies.

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¹⁶ DHAC, More Doctors Better Service: Regional Health Strategy, op cit

¹⁷ NACCHO 1999, op cit

¹⁸ Ibid

Action areas¹⁹

- Implement the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework* consistent with the following aims:
 - Increased numbers of Aboriginal and Torres Strait Islander peoples working across all health professions.
 - Improved support for training of Aboriginal and Torres Strait Islander Health Workers from the Vocational Education and Training sector to achieve better clarity of professional roles, and recognition and regulation of Aboriginal and Torres Strait Islander Health Workers as a professional group.
 - Improved effectiveness of training, recruitment and retention of non-Aboriginal and Torres Strait Islander health professionals for Aboriginal and Torres Strait Islander health and health related services.
 - Improved understanding of the role and development needs of other health workforce groups (such as population health, mental health and allied health professionals and health service managers) to better meet the needs of Aboriginal and Torres Strait Islander peoples in mainstream health services and Aboriginal and Torres Strait Islander health and health related services.
 - Improved accountability mechanisms for governments to quantify and achieve health workforce reform and to support Aboriginal and Torres Strait Islander organisations and people in driving the reform process.

Some examples of successful programs and promising approaches

- ✓ Newcastle University Medical School (NSW) has significantly increased its enrolment and graduation of Aboriginal and Torres Strait Islander medical students through a range of initiatives including bridging education, affirmative enrolment procedures, Aboriginal and Torres Strait Islander staffing, mentoring and support programs and flexibility in timing of course requirements²0. Other universities, such Deakin University and Charles Sturt University are implementing similar programs. Of the 60 medical students at James Cook University, five places are to be earmarked for Aboriginal and Torres Strait Islander students. In another initiative to support medical students, a partnership between the South Australian Department of Human Services (SADHS) and Rotary International contributes \$200,000 annually towards a sponsorship program. There are currently two recipients, who have agreed to work in a rural or remote Aboriginal community upon graduation.
- ✓ The Northern Territory has developed a system of registration of Aboriginal Health Workers which ensures adequate levels of competency and assists with building career pathways. Registration, combined with competency based training on the job provides the opportunity for workers to move between Aboriginal and Torres Strait Islander community controlled health organisations and employment with the Territory government.
- ✓ Queensland Health has developed a comprehensive Aboriginal and Torres Strait Islander health workforce strategy which includes encouraging school age children to consider a health career, recruitment, retention, professional development and mentoring strategies to support Aboriginal and Torres Strait Islander staff, and cultural awareness training for non-Aboriginal and Torres Strait Islander staff²¹.
- ✓ The Kimberley Aboriginal Medical Services Council (KAMSC) has developed a CD-ROM titled "The Good Life" which provides training material for Certificate Level 3 Aboriginal and Torres Strait Islander health Workers and can be used as an assessment tool or as reading material. It includes clinical skills,

²⁰ House of Representatives Standing Committee on Family and Community Affairs, *Inquiry into Indigenous Health*, Submissions vol 1,2, 3 and 4, Parliament of the Commonwealth of Australian, Canberra, University of Newcastle Submission. HOR 1999a.

¹⁹ Note that actions to address workforce issues are also included in KRAs 1, 2, and 4.

²¹ Queensland Health, Our Jobs, Our Health, Our Future, Queensland Health Indigenous Workforce Management Strategy, Queensland Health, 1999

mental health, emergency skills, Aboriginal history, child health and environmental health. The CD-ROM allows KAMSC to cater for additional students who cannot be offered places at its school of health studies, allows training to be offered in the community, and extends training to additional training sites at Fitzroy Crossing and Balgo²².

- ✓ A partnership between VACCHO and the Coordinating Unit for Rural Health Education in Victoria is supporting cross-cultural training for mainstream health practitioners, promoting careers in Aboriginal health among undergraduate students and young Koori students, and increasing the utilisation of information technologies by Aboriginal communities. The partnership also plans for Aboriginal Health Worker training, conducts research into Aboriginal community based higher education and has developed protocols and guidelines for undergraduate placements with Aboriginal community controlled health services²³.
- ✓ OATSIH has allocated over \$5 million to support implementation of computerised patient information and recall systems, which help organise primary health care in Aboriginal and Torres Strait Islander communities. Currently 62 percent of all health services considered likely to benefit from the use of these systems have a system operating or under construction.

Key Result Area Four: Emotional and Social Well-Being

Key Result Area Four is specifically aimed at enhancing the emotional and social well-being of Aboriginal and Torres Strait Islander peoples and in particular targets mental health, suicide, alcohol and substance misuse and family violence issues, including child abuse. In addition, whilst action across a range of key result areas will impact upon the improvement of male health, specific action to address the priority area of male health has been included in this key result area. This is in recognition of the expressed desire of Aboriginal and Torres Strait Islander males to strengthen male cultural identity and their concerns in relation to poor social and emotional well-being, substance misuse and family violence. These areas have been identified by the National Aboriginal and Torres Strait Islander Health Council as immediate priorities for government attention.

Key Result Area Four recognises that there are already agreed national approaches in some of these areas and lends support to the implementation of those approaches where they exist. It suggests ways to strengthen current approaches where necessary and suggests new directions where a clear national approach has not yet been developed.

Social and emotional well-being allows individuals to achieve their full potential and to contribute to the overall well-being of their community. The loss of well-being contributes in a substantial way to the poor physical health of Aboriginal and Torres Strait Islander peoples. As identified in *Ways Forward: the National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health*, ²⁴ there is much to suggest that poor mental health contributes to the poor physical health of Aboriginal and Torres Strait Islander peoples. The well-being of Aboriginal and Torres Strait Islander peoples has been undermined by experiences of trauma and loss which is reflected, and further exacerbated, by high rates of substance misuse, community disruption and violence. This key result area attempts to address these issues in a holistic way.

Objectives

• Significant reduction in the incidence of family violence and child abuse in Aboriginal and Torres Strait Islander communities.

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²² NACCHO, 1999, op cit.

²³ Ibic

²⁴ Swan P and Raphael B, *Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health*, National Mental Health Strategy, AGPS, Canberra, 1995.

- Reduced impact of grief, loss and trauma resulting from the historical impacts of past policies and practices, social disadvantage, racism and stigma.
- Mainstream services that are more responsive to the emotional and social well-being needs of Aboriginal and Torres Strait Islander peoples, particularly those living with serious mental illness and chronic substance misuse.
- A health workforce that is appropriately skilled to manage emotional and social wellbeing and substance misuse issues.
- Promotion and prevention approaches that enhance social and cultural well-being for a range of community groups including children, young people, women, males and elders.
- Reduced uptake, incidence and impact of alcohol, drug and substance misuse on Aboriginal and Torres Strait Islander individuals and communities.
- Partnerships between agencies and programs that support individuals combating alcohol, drug and substance misuse and which allow for full consideration of substance misuse issues in planning and program development.
- Improved health outcomes across the life span for Aboriginal and Torres Strait Islander males and improved access to health and health related services by Aboriginal and Torres Strait Islander males.

Action Areas

- Develop a strategic framework for emotional and social well-being based on the evaluation of the Action Plan, Ways Forward, links with the National Mental Health Strategy and Framework Agreement partnerships.
- Develop a strategic framework for substance misuse needs, with links to the *National Drug Strategy Aboriginal and Torres Strait Islander Complementary Strategy*.
- Ensure that mainstream approaches/services in each jurisdiction address emotional and social well-being needs and substance misuse issues amongst Aboriginal and Torres Strait Islander peoples.
- Include training in substance misuse and emotional and social well-being issues as a core component of education and training curricula for medical and allied health professionals working in general (mainstream), ACCHSs and substance misuse services.
- Ensure future policy development at the national or state/territory levels includes specific recognition of Aboriginal and Torres Strait Islander emotional and social well-being and substance misuse needs.
- Ensure that substance misuse issues and emotional and social well-being issues are considered in the planning and policy development activities of the health partnership forums established under the Framework Agreements.
- Form strong and genuine partnerships between governments, health services, Aboriginal and Torres Strait Islander communities and substance misuse and emotional and social well-being programs to coordinate service responses and activity aimed at encouraging healthy lifestyle choices.
- Establish cross agency forums at the state/territory level to examine regulatory issues, policy and practice regarding responses to family violence, child abuse and child protection. Establish cross agency forums at the regional and/or local level to determine

- protocols, guidelines and collaborative local responses to family violence, child abuse and child protection.
- Commit to joint government action to assist families and communities address areas such as emotional and social well-being, substance misuse, violence, child and sexual abuse with a particular focus on the age range and genders.
- Provide adequate, coordinated and flexible resources to enable community controlled primary health care services (including social health teams) to deliver emotional and social well-being support, including responses to grief and loss, suicide, substance misuse, family violence and child abuse.
- In recognition of the impact of chronic disease and significant co-morbidities between mental health and substance misuse, provide services that aim to offer holistic care requiring strong links between mental health and substance misuse.
- Respond to *Bringing Them Home* issues by funding and supporting healing programs. including the development of innovative, flexible, traditional and more culturally appropriate approaches to healing.
- Ensure that there is sufficient training and support available to emotional and social wellbeing and substance misuse workers including effective debriefing and professional supervision, good practice guidelines, accredited training and information about a range of approaches.
- Improve the evidence base for emotional and social well-being and substance misuse programs through the development and utilisation of culturally appropriate data collection methods, training and support to encourage Aboriginal and Torres Strait Islander led research and evaluation initiatives. Publish and disseminate research and data outcomes in ways that support health service and community decision-making and respect privacy and cultural protocols (see also Key Result Area Seven).
- Examine the recommendations of the final National Framework for Improving the Health and Well-Being of Aboriginal and Torres Strait Islander Males (under development) in determining specific approaches to improving the health of Aboriginal and Torres Strait Islander males. Incorporate Aboriginal and Torres Strait Islander male health needs into existing planning frameworks and policy responses at all levels.

Some examples of successful programs and promising approaches

The Family Well-Being personal empowerment course implemented in Alice Springs between March 1998

and April 1999 in response to increased suicides and attempted suicides among Aboriginal youth aimed to assist participants to take control over the conditions affecting their lives by building parenting and relationship skills. Evaluation showed convincingly that participants used the principles and skills of the program to bring about changes in their emotional and social health and to provide enhanced understanding and support to the young people around them.²⁵

✓ The Yarrabah Family Life Promotion program conducted through the Yarrabah Health Service was initiated following a suicide epidemic in the period mid 1980's to mid 1990s. The program involved the training and employment of local people as Family Life Promotion officers who received support from visiting mental health professionals. The initiative resulted in a substantial reduction of self harm by the mid late 1990's, and there were no suicides in Yarrabah in 1997 and 1998. Studies showed that the success of the program depended heavily on community self-management and ownership of health programs.²⁶

²⁵ Tsey K and Every A, Evaluation of an Aboriginal Empowerment Program, Cooperative Research Centre for Aboriginal and Tropical Health, January 2000

²⁶ Department of Health and Aged Care, Better Health: Studies in the Successful Delivery of Primary Health Care Services for Aboriginal and Torres Strait Islander Australians, Commonwealth of Australia 2001

- ✓ The Arnhem Land Men's Health Program in Gapuwiyak, Northern Territory provides a men's clinic that is physically separate from the main clinic in an effort to increase the local male population 's access to health services. Since the opening of the adult male clinic in 1996-7, attendance figures have increased by 600 per cent and have been consistently maintained at this level. Management of sexually transmissible infections, contact tracing and access to men of health education have been substantially improved. With the arrival of a full-time GP in 1998 and an extensive men's screening program, a large amount of previously undiagnosed chronic disease has been uncovered and many men are now receiving ongoing treatment through illness management programs.²⁷
- ✓ A community initiatives action on alcohol consumption was implemented at the Curtin Springs Roadhouse in the Northern Territory in December 1996 through the Pitjantjatjara Council and the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation. Representatives of the Pitjantjatjara communities negotiated a set of conditions restricting the sale of liquor with the licensee of the Curtin Springs Roadhouse. The restriction brought about a significant fall in sales to Aboriginal people, with no evidence that sales of alcohol increased at other venues in the area. The consumption of alcohol by residents of the communities who had been most affected by the sales declined significantly. As a result, these communities became less disrupted and less violent. Alcohol related health problems also declined, evidenced by reduced presentation at the local clinics.²⁸

GROUP B: INFLUENCING THE HEALTH IMPACTS OF THE NON-HEALTH SECTOR

A responsive health system is fundamentally important to ensuring that Aboriginal and Torres Strait Islander peoples have access to the full range of health services and population health programs and can benefit from health promotion approaches. However, action in areas such as education, employment, transport and nutrition is also required if sustainable health gains are to be achieved.

Delivery of safe housing, water, food, sewerage, and waste disposal services to Australians is fragmented across a range of jurisdictions and organisations including Commonwealth, State, Territory and local government agencies. Health departments may take a lead role in tasks such as development of environmental health standards, research and training²⁹. ATSIC provides supplementary funding to address high priority housing and infrastructure projects in Aboriginal and Torres Strait Islander communities and provides advocacy and coordination with mainstream providers.

The health sector can contribute to action on the agendas of other portfolios through research, advocacy, partnerships and linkages. Comprehensive primary health care services provide the infrastructure, and the *Framework Agreements* the partnership arrangements, for intersectoral collaboration between the health sector, members of Aboriginal and Torres Strait Islander communities, other government agencies, the private sector and voluntary organisations. It is clear, however, that action on broader intersectoral issues also requires a commitment to undertake activity consistent with the overall vision of this *National Strategic Framework* from government ministers in other portfolios at the Commonwealth and state/territory level.

²⁸ Ibid

²⁷.Ibid

²⁹ Environmental Health Needs Coordinating Committee, *Environmental Health Needs of Aboriginal Communities in Western Australia: The 1997 Survey and its Findings*, Environmental Needs Coordinating Committee, WA 1998

Key Result Area Five: Environmental Health.

Key Result Area Five aims to improve standards of environmental health, including housing and essential services, in Aboriginal and Torres Strait Islander communities. This key result area emphasises the collaboration needed between ATSIC and a range of other Commonwealth, State, Territory and local government agencies and authorities in improving environmental health services to Aboriginal and Torres Strait Islander communities. It supports closer links between health services and environmental health services and emphasises that Aboriginal and Torres Strait Islander peoples are entitled to the standards of service and legislative protection enjoyed by the broader Australian community. To achieve this, more culturally appropriate models of service delivery may be required.

Objective

- Levels and standards of environmental health in Aboriginal and Torres Strait Islander communities commensurate with the standards of the wider Australian community including equitable access to an environmental health workforce; and
- Reduced rates of environmental health related conditions (such as respiratory diseases).

Action Areas

- In recognition that no one organisation, level of government or sector has responsibility for environmental health, strengthen and extend links between environmental health initiatives and primary health care initiatives at the national, state/territory, regional and community level through the planning forums established under the *Framework Agreements*. Important links include the National Public Health Partnership Group, the enHealth Council, the National Indigenous Environmental Health Forum, local government structures and the Department of Family and Community Services (in relation to housing and housing infrastructure).
- Streamline government responsibilities and better coordinate all parties, including the range of government portfolios and jurisdictions with responsibility for health, housing, welfare, pests, waste, water, sewerage, power, roads and other environmental health services.
- Clearly identify levels of need for additional environmental health resources by examining relevant existing reports including the *National Environmental Health Strategy*, the *Health is Life* report, and the *Housing and Infrastructure in Aboriginal and Torres Strait Islander Communities*³⁰ report.
 - Commit in principle in all jurisdictions to provide resources commensurate with need including effectively resourcing environmental health initiatives to reduce the backlog of essential infrastructure and housing capital and to provide for effective operation and maintenance of health environments.
- Enhance provision of environmental health services and assist communities to manage their own environmental health priorities.
- Establish an Indigenous Environmental Health Officer Cadetship Program in jurisdictions where this does not exist.
- Continue the following activities:

³⁰ ABS 1999, Housing and Infrastructure in Aboriginal and Torres Strait Islander Communities, Canberra

- Implement key recommendations from the National Public Health Partnership's (NPHP) review of the application of Public Health and Environmental Health laws to Aboriginal and Torres Strait Islander communities;
- The enHealth Council commissioned mapping project to look at the roles, responsibilities and activities being undertaken nationally in Aboriginal and Torres Strait Islander environmental health; and
- The Commonwealth, ATSIC and state/territory Aboriginal and Torres Strait Islander housing authorities implementation of the housing ministers' 10 year statement of new directions entitled Building a Better Future: Indigenous Housing to 2010³¹. The statement includes environmental health initiatives such as the National Framework for the Design, Construction and Maintenance of Indigenous Housing,³² the National Indigenous Housing Guide³³ and Fixing Houses for Better Health2³⁴.
- Develop active links with, support and promote:
 - Implementation of the National Environmental Health Strategy;
 - Departments of local governments and the Australian Institute of Building Surveyors to improve the Building Code of Australia's capacity to meet the needs of Aboriginal and Torres Strait Islander people; and
 - The recommendations of the National Indigenous Environmental Health Forum.

Some Examples of Successful programs and promising approaches

- In 1985 the Nganampa Health Council developed nine healthy living practices which have been subsequently used in many parts of suburban, rural and remote Australia. The nine practices are: washing people; washing clothes and bedding; removing waste safely; improving nutrition; reducing crowding; separating people from animals, vermin and insects; reducing dust; controlling temperature; and reducing trauma. These practices form the basis of ensuring that housing and infrastructure services provided to Aboriginal and Torres Strait Islander individuals, families and communities are safe and healthy.
- In Western Australia a joint Environmental Health Needs Coordinating Committee has been formed including membership from Homeswest, ATSIC, the WA Aboriginal Affairs Department, the (then) Commonwealth Department of Health and Family Services, the Western Australian Municipal Association, and Health Western Australia. The coordinating committee has conducted a survey of environmental health needs and published a report that aims to achieve improvements in environmental health conditions in Aboriginal communities in Western Australia. 35 A Code of Practice for Housing and Environmental Health Infrastructure Development in Aboriginal Communities in Western Australia³⁶ has also been developed by the group.
- The Agreement for the Provision of Essential Services to Aboriginal Communities in Western Australia was signed by ATSIC, the Western Australian Government and the Commonwealth Minister for Aboriginal and

Working Group on indigenous Housing 1999. National Framework for the Design, Construction and Maintenance of Indigenous Housing, Canberra

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³¹ Housing Ministers Advisory Council Standing Committee on Indigenous Housing, 2001. Building a Better Future: Indigenous Housing to 2010. New South Wales Aboriginal Housing Office for HMAC, Sydney ³² Department of Family and Community Services Commonwealth State and Territory Housing Ministers

³³ Department of Family and Community Services 1999. The National Housing Guide: improving the living environment for safety, health and sustainability. Prepared by Healthabitat for the Commonwealth, State and Territory Housing Ministers Working Group on Indigenous Housing, Canberra

³⁴ Fixing House for Better Health2 provides for assessment and repairs on approximately 1500 houses over four years and training on assessing and maintaining houses for participating communities. ³⁵ Environmental Health Needs Coordinating Committee 1998, op cit.

³⁶ Ove Arup and Partners, Smith and Hooke Architects, Healey Engineering, d'Environ Health and Morton Consulting Services (2000) Code of Practice for Housing and Environmental Infrastructure Development in Aboriginal Communities in Western Australia, Environmental Health Needs Coordinating Committee Inter-Governmental Working Group, WA

Torres Strait Islander Affairs in October 2000. The agreement formalises a joint approach between ATSIC and the WA State Government aimed at providing more efficient and effective service delivery of essential services to Aboriginal communities and improving environmental health outcomes. It seeks to complement existing housing and health bilateral agreements.

- ✓ The ATSIC/Army Community Assistance Program (AACAP) was initiated in 1996, at the request of the Prime Minister, as a cooperative arrangement between the Army, the Department of Health and Aged Care and ATSIC, to coordinate a small number of environmental health infrastructure projects in remote Aboriginal and Torres Strait Islander communities. In addition to the provision of essential capital works such as priority housing, water, sewerage and road works, significant additional components of AACAP are the delivery of opportunistic health services including health education and training by Army medical teams, and the training of local people in construction, maintenance and repair skills.
- ✓ The Commonwealth/State Working Group on Indigenous Housing was established by Commonwealth, State and Territory Housing Ministers and ATSIC to develop practical strategies to provide safe, healthy and sustainable housing for Aboriginal and Torres Strait Islander peoples. The National Framework for the Design, Construction and Maintenance of Indigenous Housing has been an important achievement by the Working Group and complements mainstream regulatory building mechanisms in ensuring national principles of safety, health, quality control and sustainability.

Key Result Area Six: Wider strategies that impact on health

Key Result Area Six aims to develop partnerships with, and obtain commitment from, other sectors whose activities impact on health. Some 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.

Objectives

- Effective strategies for improving health in Aboriginal and Torres Strait Islander communities in partnership with other sectors.
- Policy and program initiatives in primary and secondary education that contribute to improved outcomes for both educational and health goals.
- Partnerships that address key issues that impact on health, such as nutrition, recreation and transport.
- Policy and program initiatives and effective partnerships which address the needs of Aboriginal and Torres Strait Islander peoples in custodial settings, including health care delivery, health education and post-release programs.

Action Areas

 Develop an across government process in each jurisdiction to champion Aboriginal and Torres Strait Islander health and health related services and planning, including those areas most likely to impact on health.

Health and Education

- Develop structures to support liaison between health and education portfolios at national, state, territory and regional levels.
- Develop a focus on children at educational risk in areas such as hearing, childhood development, family dynamics and home environment as a catalyst for the provision of health services.
- Encourage schools to develop healthy and culturally appropriate school environments. This could include healthy food, health education, supportive disciplinary strategies,

strategies to promote inclusion and elimination of discrimination and harassment, mental health promoting strategies such as the *MindMatters*³⁷ project, involvement of parents and families in the school, and responses to **suicide**, **substance misuse and violence**.

• Implement the *National Indigenous English Literacy, Numeracy and Attendance Strategy.*

Nutrition

- Form partnerships between food wholesalers, retailers, Aboriginal and Torres Strait Islander communities and the health sector to investigate and resolve the difficulties obtaining healthy-foods in rural and remote communities at prices comparable to the rest of the Australian community.
- Form partnerships between the media, the health sector, schools and Aboriginal and Torres Strait Islander communities to encourage understanding of <u>nutrition and healthy</u> <u>eating</u> for children and parents and to promote healthy food choices.
- Implement the seven action areas of the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan*³⁸ which include food supply in remote and rural communities, food security and socioeconomic status, family focussed nutrition promotion, and nutrition in urban areas.

Child and Maternal Health

- Develop an Aboriginal and Torres Strait Islander <u>maternal and child health</u> framework (incorporating nutrition) that addresses the physical, emotional and social well-being of women and children (aged 0-5 years) and that:
 - complements initiatives within the national mainstream maternal, child and nutritional health policy context and links with Aboriginal and Torres Strait Islander maternal, child and nutritional programs;
 - is developed at the national level in consultation and collaboration with Aboriginal and Torres Strait Islander communities, health services and relevant government agencies, in recognition of the inter-relatedness of the health of Aboriginal and Torres Strait Islander mothers and children to family and community support structures:
 - is able to be embedded within a comprehensive primary health care system that provides appropriate links to secondary and tertiary level services; and
 - can be used as a basis for the development of local complementary strategies determined through regional planning mechanisms established under the *Framework Agreements*.

Physical activity

• Form partnerships between State and Territory governments, ATSIC, local Councils, private sponsors and sports and recreation organisations to: encourage the involvement of Aboriginal and Torres Strait Islander peoples in sports and recreational activities.

³⁷ *MindMatters* is a mental health promotion program for secondary schools developed to enhance school environments where young people feel safe, valued, engaged and purposeful. It acknowledges the importance of the school as a setting for promoting mental health and wellbeing and provides help for schools to develop strong links with parents, counselling and support services in the community as well as a range of resources supported by professional development activities and a dedicated website, www.curriculum.edu.au/mindmatters.
³⁸ Aboriginal and Torres Strait Islander Nutrition Working Party, *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan, Discussion Draft*, November 1999, DHAC, Canberra 1999

Support the *Active Australia* strategy.³⁹

Health in custodial settings

- Develop protocols (including resource requirements) for model health care delivery in custodial settings with collaboration between health and justice jurisdictions. This could include ensuring that health services (including mental health services) in custodial settings are equal to those in the general community, provided as part of the health system and involve ACCHSs and community organisations in visiting programs.
- Establish formal mechanisms for ensuring cooperation between justice and health iurisdictions which prioritises duty of health care and which links with post custody services to maximise opportunities for continuity of care.
- Support and link with the Australian Health Ministers' Advisory Council (AHMAC) Working Party's Review of Prisoner Health Services in undertaking its investigation into best practice models of care and options for reforms to improve prisoner health outcomes.
- Form links between ACCHSs, mental health, substance misuse, police and justice jurisdictions to provide appropriate community support services for Aboriginal and Torres Strait Islander peoples upon release from custody and early intervention services for the families and children of prisoners.

Aged and Disability Services

- Increase the availability of Community Aged Care Packages (CACPs) to Aboriginal and Torres Strait Islander peoples.
- Improve co-ordination between Home and Community Care (HACC) services and community health services and involve the health forums established under the Framework Agreements in planning of CACPs and HACC Services. Improve links between community health and medical services and Aged Care Assessment Teams.
- Design carer support measures specifically for Aboriginal and Torres Strait Islander families caring for the frail aged or people with disabilities.
- Examine ways of coordinating care for people with complex needs including development of pooled funding arrangements and other care management models.
- Develop an implementation plan under the Commonwealth, State and Territory Strategy on Healthy Ageing (2000) specifically targeting Aboriginal and Torres Strait Islander peoples.

Employment

- Implement the Commonwealth Government's Indigenous Employment Policy (IEP) which aims to improve employment outcomes for Aboriginal and Torres Strait Islander peoples over the next ten years through:
 - the more effective delivery of employment services and programs in collaboration with other government agencies and jurisdictions;
 - improving career and training opportunities for Aboriginal and Torres Strait Islander peoples through strategic partnerships with relevant agencies;

³⁹ DHAC, Developing an Active Australia: A framework for action for physical activity and health, DHAC 1998. Canberra

- using mainstream employment assistance through Job Network alongside other agency programs and services; and
- using elements of the IEP such as Corporate Leaders for Indigenous Employment Project, the National Indigenous Cadetship Project, Structured Training and Employment Project, and Wage Assistance, alongside other agency programs and services.

Transport and access to health services

- Review the effectiveness, eligibility criteria and payment levels of patient assisted travel schemes to improve equitable access to services by Aboriginal and Torres Strait Islander peoples across Australia.
- Continue support for the Royal Flying Doctor Service.

Some examples of Successful Programs and promising approaches

- ✓ In Broken Hill the Aboriginal Medical Service, in conjunction with correctional services medical and nursing staff, has established a visiting service to the Broken Hill prison. The program involves blood pressure screening checks, health education, links with mental health counselling services and arrangements for community follow up. The Geraldton Regional Aboriginal Medical Service and the Redfern Aboriginal Medical Service Cooperative Limited⁴⁰ support similar programs.
- ✓ Nunkuwarrin Yunti in South Australia was established by the Aboriginal community as an intersectoral initiative, addressing issues affecting a holistic view of health, including high rates of welfare dependency, high unemployment, high incarceration rates, low education standards and poor housing, within a culturally appropriate community controlled environment.⁴¹
- ✓ The National Indigenous English Literacy, Numeracy and Attendance Strategy notes that health, housing and family issues impact on education outcomes. The MCEETYA Taskforce on Indigenous Education has developed a framework for more efficient and effective cross-portfolio mechanisms to address these issues. For example, the DETYA Strategic Results Project, "Advancing Indigenous Literacy through Interventions for Hearing Services" conducted by the Northern Territory Association of Independent Schools and the Menzies School of Health tested 1032 Aboriginal and Torres Strait Islander students and found that approximately 79% had an educationally significant hearing disability. The study aims to demonstrate the link between hearing loss, poor speech discrimination, intolerance of background noise, difficulty learning English as a foreign language, and risk of expulsion and, later on, incarceration. The study also aims to improve literacy rates among students with hearing loss. Similarly, the National School Drug Education Strategy provides for school drug and alcohol education programs for remote Aboriginal and Torres Strait Islander communities involving both the education and health sectors. ⁴²
- ✓ Queensland Health, ATSIC and DEWRSB jointly funded and supported a project to provide and train Aboriginal and Torres Strait Islander Community Health Information Officers in Yarrabah, Pormpuraaw and Wujal Wujal. Information technology training was provided through the Rural Health Training Unit. The Yarrabah project was successful in identifying a range of injuries that had occurred over a 12-month period, a range of health issues, and strategies for use by council and government agencies to address these concerns. Agencies interested in this information as a foundation to develop strategies to address health and injury concerns within these communities, include Departments concerned with transport, main roads, health, policy and Aboriginal and Torres Strait Islander policy development, ATSIC, the Aboriginal Coordinating Council, Qld Police Service, and Apunipima.
- ✓ In response to a need identified by two Anangu Pitjantjatjara Lands service organisations, the Department of Family and Community Services (FaCS) is leading a multi-agency project to develop a regional stores policy. The project responds to poor nutritional outcomes experienced by Anangu people and the range of contributing issues such as high food prices, poor quality food, and lack of Anangu involvement in store management. The planning stage of the project involves funding from three agencies, FaCS, the Department of Transport and Regional Services and ATSIC.

⁴⁰ NACCHO 1999, op cit

⁴¹ Ibic

⁴² Department of Education, Training and Youth Affairs, 1999. National School Drug Education Strategy, DETYA 1999

GROUP C: PROVIDING THE INFRASTRUCTURE TO IMPROVE HEALTH STATUS

The shortcomings of data and evidence in Aboriginal and Torres Strait Islander health and welfare is well documented. These include variability in the quality of data across jurisdictions, problems associated with poor identification of people of Aboriginal and Torres Strait Islander origin, inadequate focus on Aboriginal and Torres Strait Islander peoples in mainstream data collections and inadequate recording of evidence based approaches that are successful and sustainable. *Key Result Area Seven* adopts a strategic approach to health research and data and a commitment to improve and share the evidence base underpinning successful health interventions. It also provides for capacity building to enable Aboriginal and Torres Strait Islander communities to utilise local data to enhance health outcomes.

Many reports have noted that Aboriginal and Torres Strait Islander health is underfunded when compared with the burden of illness and the high cost of providing health services. Funding has often been provided in a short-term and ad hoc way, hampering the capacity to deliver sustainable programs. *Key Result Area Eight* aims to provide optimal resources commensurate with needs, costs and capacity to deliver health outcomes.

Key Result Area Nine recognises that accountability is reciprocal and that communities and governments are accountable for the delivery and effectiveness of health services.

Key Result Area Seven: Data, research and evidence.

Key Result Area Seven aims to develop a more strategic approach to improving information about how well the health sector is meeting the need of Aboriginal and Torres Strait Islander peoples, including data collection, evaluation of interventions and research processes. It aims to ensure that data is consistent, analysed, published and is collected in such a way that it enables comparison across jurisdictions. It aims to improve research processes and data collections about Aboriginal and Torres Strait Islander peoples so that they inform approaches to improving Aboriginal and Torres Strait Islander health. In particular, it aims to support appropriate and practical research and data collection that:

- Involves collaboration in the design, management, evaluation and dissemination phases of the research/data collection;
- Results in changes in policy, service delivery and people's behaviour;
- Includes a focus on communicating research/data collection findings in cross-cultural and non-academic contexts;
- Strengthens Aboriginal and Torres Strait Islander data collection and research capacity;
- Encourages multi-disciplinary and cross cultural skills and perspectives; and
- Tries to look at problems by evaluating health interventions and practices, instead of repeating the nature and scale of those problems.⁴³

Objectives

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• Improved quality of information and information management processes about the health of Aboriginal and Torres Strait Islander peoples.

⁴³ NATSIHC supports these principles held by the Darwin-based Cooperative Research Centre on Aboriginal and Tropical Health and seeks to promote them nationally through this *National Strategic Framework*.

- Improved information collection and utilisation of information on successful models of health care provision for Aboriginal and Torres Strait Islander peoples.
- Greater range and quality of research about the health of Aboriginal and Torres Strait Islander peoples with a focus on interventions to improve health outcomes.

Action Areas

Data availability and quality

- Implement the 1997 National Aboriginal and Torres Strait Islander Health Information Plan⁴⁴. In particular, a number of activities will have a significant effect in improving data quality, including:
 - using the Australian Bureau of Statistics (ABS) standard for Aboriginal and Torres Strait Islander identification in all data collections;
 - introducing a voluntary Aboriginal and Torres Strait Islander identifier on the MBS;
 - increasing training and support of health care staff to understand the importance of and how to collect data about Aboriginal and Torres Strait Islander status at all possible collection points – based on work underway by the ABS;
 - encouraging data collection, analysis and research organisations to actively recruit, train and retain Aboriginal and Torres Strait Islander peoples;
 - developing and using standard mechanisms to report on levels of Aboriginal and Torres Strait Islander status coverage;
 - maintaining the ABS Survey and Census collection program;
 - ensuring that all relevant data collections are developed in consultation with, and are appropriate to, the needs of Aboriginal and Torres Strait Islander peoples;
 - where possible, ensuring "mainstream" data collections relevant to measuring Aboriginal and Torres Strait Islander health and related characteristics such as income, housing and employment, include adequate samples of Aboriginal and Torres Strait Islander peoples;
 - maintaining reporting of the annual Aboriginal and Torres Strait Islander National Performance Indicators with a particular emphasis on collecting data regarding the health of babies, infants and children which may have a later impact on developmental health, <u>chronic disease</u>, or educational outcomes (see Appendix Five);
 - continued oversight of data quality issues by the National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data.
- Develop consistent environmental health audit tools and environmental health indicators for Aboriginal and Torres Strait Islander communities.
- Where possible, link data collection activities at all levels of government between health services, housing agencies and other community and welfare programs to facilitate a cross-sectoral approach and support preventative and environmental health activities.

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⁴⁴ Aboriginal and Torres Strait Islander Health and Welfare Information Unit, *The Aboriginal and Torres Strait Islander Health Information Plan*, Australian Health Ministers' Advisory Council and Australian Institute of Health and Welfare, Canberra 1997.

- Where there are important information gaps not covered by existing data collections (eg oral health) representative surveys should be conducted.
- Improve the quality, collection and management of health workforce data in mainstream services and Aboriginal community controlled health services.

Data development, information management and utilisation at the primary health care level

- Develop primary health care minimum data sets that are useful for planning at the local, regional and state/national levels.
- Develop a framework document that clarifies the nature and purpose of existing data and identifies and addresses information gaps, to inform planning, quality improvement practice, funding and delivery of primary health care services.
- Enhance data systems in primary health care services by investing in computers, software and staff skills development computerise patient records and support their use as a careplanning tool; and increase resources for evaluation and analysis of health system data.

Research

- Ensure that all health research about Aboriginal and Torres Strait Islander peoples complies with NHMRC ethical guidelines and is funded and conducted in line with processes identified by the NHMRC's Aboriginal and Torres Strait Islander Health Research Agenda Working Group.
- NHMRC review its procedures to ensure sufficient research funding is allocated to research aimed at improving Aboriginal and Torres Strait Islander health noting that the *Health is Life*⁴⁵ report recommended that 5% of the total NHMRC research budget should be allocated to Aboriginal and Torres Strait Islander health research.
- Allocate government funding for research on Aboriginal and Torres Strait Islander health, in line with the research priorities and processes identified by the NHMRC's Aboriginal and Torres Strait Islander Health Research Agenda Working Group through the Strategic Framework for Indigenous Health Research. 46
- Build research and evaluation capacity in the primary health care sector, particularly ACCHSs and increase Aboriginal and Torres Strait Islander participation in and control of research and research funding processes including in NHMRC funding decisions and as members of research teams.
- Increase the level of participation of Aboriginal and Torres Strait Islander peoples on NHMRC Council and Committees.

Knowledge translation

- Increase, collate and publish an evidence base on successful programs/interventions in Aboriginal and Torres Strait Islander health.
- Facilitate the translation of research into practice by close collaboration between researchers, government and the non-government sector.

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⁴⁵ HOR 2000, op cit

⁴⁶ NHMRC 2002, *The Research Agenda Working Group Road map: a strategic framework for Aboriginal and Torres Strait Islander health research*, Canberra 2002

• Identify and implement mechanisms for increasing awareness and understanding of data and research agendas, including that contained in this *National Strategic Framework*, amongst Aboriginal and Torres Strait Islander peoples.

Some examples of successful programs and promising approaches

- Service Activity Reporting by Aboriginal and Torres Strait Islander primary health care services provides information on the client base, the extent of service they are providing, their staffing and funding levels. This information has been used to support additional funding to high priority areas identified on the basis of evidence about services, resources and use.
- ✓ Joint reports by the Australian Bureau of Statistics and the Australian Institute of Health and Welfare combine information from a variety of sources to form an overall picture of mortality and morbidity, health service use and expenditure, health risk factors and wellbeing in Aboriginal and Torres Strait Islander populations. Future reports and surveys will provide an opportunity to assess progress in meeting the health and welfare needs of Aboriginal and Torres Strait Islander communities.
- ✓ The VicHealth Koori Health Research & Community Development Unit, funded by the Victorian Health Promotion Foundation, undertakes research strategies that bring together a number of research perspectives, including health, social science, history and policy, and provide for collaborative research strategies between researchers and Aboriginal and Torres Strait Islander health service providers. It aims to integrate research practice with community and policy development.
- ✓ The Kimberley Aboriginal Medical Services Council in Western Australia has published a textbook on primary health care within the context of Aboriginal community control that provides information for practitioners working in Aboriginal community controlled health services. The aim of the resource is to lessen isolation of practitioners in Aboriginal community-controlled health services, to speed up the acquisition of confidence in dealing with health problems more common in Aboriginal and Torres Strait Islander communities, and to reduce unnecessary practice variation. The book is based on a systematic review of the literature, critical examination of studies, and experience in the delivery of health services within the Aboriginal community controlled sector. ⁴⁷
- ✓ The Cooperative Research Centre for Aboriginal and Tropical Health is a research partnership between the Menzies School of Health Research, Territory Health Services, Northern Territory University and two Aboriginal community controlled medical services (Danila Dilba Medical Service in Darwin and Central Australian Aboriginal Congress in Alice Springs). Its objective is to promote cooperation in research and education to improve Aboriginal and Tropical Health. It provides a new vehicle for developing cooperative research relationships, with control given to Aboriginal people, while ensuring that there is access to a broad range of expert advice.
- ✓ The Commonwealth Department of Health and Ageing has collated information on promising approaches in primary health care for Aboriginal and Torres Strait Islander peoples. ⁴⁸

Key Result Area Eight: Resources and finance

Key Result Area Eight provides for optimal resources available for Aboriginal and Torres Strait Islander health commensurate with levels of need, based on the real costs of services and capacity to delivery health outcomes. It also aims to implement integrated funding models which allow for collaborative longer-term planning across a variety of programs and funding sources for the delivery of a comprehensive range of services responsive to locally identified needs at a regional level.

⁴⁷ NACCHO 1999, op cit

⁴⁸ DHAC 2001, op cit.

Objectives

• Allocation of financial resources to Aboriginal and Torres Strait Islander health commensurate with need, real costs of services and capacity to deliver improved outcomes.

Action Areas

- Identify all sources of current funding, and agree on a better methodology for determining the real levels of need for services and the real costs of providing services across the whole of the health system, including mainstream programs. Identify potential availability of additional sustainable sources of funding, such as mainstream health programs, reallocation of existing resources, specific budget allocations.
- Commit in principle in all jurisdictions to provide optimal resources and to sustain provision of overall resources for Aboriginal and Torres Strait Islander health, including funding from mainstream and specific programs, commensurate with the higher levels of identified health needs. Base funding allocations on the outcomes of needs based regional planning, capacity to deliver the service, and the real costs of service delivery.
- Fund services based on outputs, identifying the services required, whether they are being delivered and assessing effectiveness.
- Avoid the use of "pilot programs" for new initiatives unless administration is integrated with existing program reporting and funding arrangements, and sources of ongoing guaranteed funding have been identified dependent on program performance.
- Make resources available sequentially in a progressive and deliberate way in line with building service capacity, instituting employment and training programs, to ensure that implementation is effective and allows for integrated and long term capacity development and service reform at the regional level.
- Provide for flexibility and cohesiveness of resource allocation locally by delivering maximum control of consolidated and sustained funding at the community "ground" level to allow flexible and comprehensive service delivery in health and related sectors.

Some examples of successful programs and promising approaches

Victoria has offered hospitals a higher reimbursement for services to Aboriginal and Torres Strait Islander peoples to allow for the higher cost of service, reduce any structural discrimination against Aboriginal and Torres Strait Islander patients, and encourage more accurate identification of Aboriginal and Torres Strait Islander patients.⁴⁹

- ✓ In the Anangu-Pitjantjatjara Lands the SA Department of Human Services has been working closely with the Anangu-Pitjantjatjara Council and the Commonwealth Departments of Health and Aged Care and Family and Community Services to draft a new model of funding allocation based on an audit of current levels of services funding.
- ✓ The four Aboriginal and Torres Strait Islander Coordinated Care Trials tested innovative service delivery and funding arrangements based on community and individual care coordination and funds pooling between the Commonwealth, and State or Territory governments, with a community based organisation as funds holder. Funding recognised historically low access to MBS and PBS by the target populations and provided for a Commonwealth contribution based on national average use of MBS and PBS. The community fund holder therefore had access to increased funding as well as the flexibility to prioritise and integrate use of these funds in coordinating care plans for individuals and communities, coordinated at the local level and aimed at integrating primary, secondary and tertiary levels of health care. The model enabled the

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⁴⁹ Department of Health and Aged Care 1999. *Jurisdictional Reports to the Australian Health Ministers' Conference on progress made under the Aboriginal and Torres Strait Islander Health Framework Agreements*, DHAC, Canberra August 1999.

- development of population health activities including health promotion and prevention, responding in a more flexible and planned way to community identified health needs. ⁵⁰
- ✓ Regional planning under the Framework Agreements, has been completed in South Australia, Central Australia (NT), Queensland, New South Wales and Western Australia, and identifies the current levels of service and the health needs in these regions. The Commonwealth's Primary Health Care Access Program, utilising the information gained through these plans and the lessons learnt through the evaluation of the Coordinated Care Trials, is using an integrated planning approach between the partners in these regions to determine an approach to address these needs. PHCAP aims to raise Commonwealth funding levels to rates commensurate with per capital need and regional costing of the delivery of health services, and develop the capacity of the local communities to participate in the planning and delivery of primary health care services.

Key Result Area Nine: Accountability.

Key Result Area Nine aims to provide increased and equitable levels of accountability to Aboriginal and Torres Strait Islander communities and to governments for the delivery and effectiveness of health services. This includes improved transparency of resource allocations and decision making and reciprocal sharing of information.

Objectives

- *Increased communication and transparency in resource and other decision making.*
- More streamlined, effective and consistent reporting framework.
- Increased reciprocity of information sharing between governments, service providers and consumers of Aboriginal and Torres Strait Islander health services.

Action Areas

- Maximise consistency of accountability requirements for Commonwealth funds across State and Territory governments and Aboriginal and Torres Strait Islander community controlled health organisations.
- Include in funding agreements for mainstream services (including hospitals) and in performance monitoring for senior managers an accountability requirement for improving outcomes for Aboriginal and Torres Strait Islander patients through mainstream and Aboriginal and Torres Strait Islander specific programs.
- Focus on accountability for health service outputs, rather than only accounting for expenditure of funds.
- Improve Aboriginal and Torres Strait Islander peoples participation in mainstream health processes by providing user friendly, accurate and timely information regarding outputs and finances of relevant mainstream health services and establishing transparent decision making processes that provide for public accountability back to Aboriginal and Torres Strait Islander communities.

Some examples of successful programs and promising approaches

Aboriginal community controlled health services provide a model of health service delivery which is directly accountable to their communities through an elected community board of management. Consistent national reporting processes through the Service Activity Reports have aggregated information about the performance of services and made comparisons between services possible. Relevant information is provided back to boards of management.

⁵⁰ KPMG. National Evaluation of the Aboriginal and Torres Strait Islander Coordinated Care Trials, DHAC, 2001.

- ✓ All governments report annually to the Australian Health Ministers' Conference on progress with implementing the Framework Agreements. In these reports, State and Territory governments outline efforts made to improve the accountability and integration of expenditure on Aboriginal and Torres Strait Islander health services. Expenditure arrangements nominated in these reports included:
 - An additional 10% casemix payment for identified Aboriginal and Torres Strait Islander clients (Victoria);
 - A specific weighting for Aboriginality in the Resource Distribution Formula used to guide the allocation of global mainstream resources and Aboriginal and Torres Strait Islander program funds to Area Health Services, linked to reporting of strategies adopted (New South Wales);
 - Reporting on ten year National Indigenous health targets in its District Health Service Agreements and included the outcomes of joint Regional Planning in its budget submissions and health services procurement processes (Queensland);
 - Mainstream health services must report annually on a number of specific Aboriginal health attributes
 in their Funding Agreements, improvements to casemix data and identification of Aboriginal and
 Torres Strait Islander clients, institution of an Aboriginal Health Purchasing Taskforce at a senior
 Cross-Divisional level, and resource allocations based on data regarding need and use for Aboriginal
 health services (Western Australia); and
 - Requiring hospitals and health services to report via their Health Service agreements on their efforts to implement the Aboriginal and Torres Strait Islander Regional Health Plans, and allocation of a 30% loading via hospital casemix funding to improve Aboriginal identification (South Australia). 51

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⁵¹ DHAC 1999, op cit

National Strategic Framework for Aboriginal and Torres Strait Islander Health

Implementation and evaluation

Monitoring and Reporting Structures

The Australian Health Ministers' Advisory Council (AHMAC) has agreed to monitor implementation of this *National Strategic Framework* over the next decade through its Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH). SCATSIH will ensure that action is taken to meet national responsibilities within health portfolios and AHMAC will ensure that appropriate liaison and collaboration occurs with officials from other departments to progress cross-portfolio initiatives.

A joint meeting of SCATSIH and NATSIHC will be held annually to coordinate progress reports from each jurisdiction for submission to AHMAC. Jurisdiction progress reports will build on the existing monitoring arrangements and annual reporting processes under the *Framework Agreements* and on the *Aboriginal and Torres Strait Islander Health National Performance Indicators*.

AHMAC will report to Health Ministers annually on progress in meeting the health portfolio objectives of this *National Strategic Framework* and will coordinate publicly available reports for Health Ministers on action within health and non-health portfolios every two years. As the *National Strategic Framework* has whole of government support, health ministers are ultimately responsible to their Cabinets for its implementation.

Under the *Framework Agreements* each State and Territory has established a joint planning forum and has undertaken a process of regional planning to identify the priority needs for each jurisdiction and location. Implementation of this *National Strategic Framework* at a state/territory and regional level will be largely the responsibility of the same joint planning forums, and will be consistent with the priorities identified by each region and jurisdiction. However, all jurisdictions will determine any additional structures they wish to employ and any additional stakeholders (for example service provider groups, local governments) they may wish to involve to progress the cross-portfolio commitments within their jurisdiction.

Implementation Plans

An initial meeting of the joint SCATSIH/NATSIHC group (see above) will be held to identify which level of government is responsible for progressing each action area. It will also identify the relevant national performance indicator and/or reporting mechanism by which progress against each action area will be measured.

Upon completion of this task each jurisdiction will develop and publish a Strategic Framework implementation plan against which progress within the jurisdiction will be measured. Within this implementation plan each jurisdiction will be responsible for determining its own specific initiatives, priorities and timeframes. The implementation plan will be developed in consultation with the partnership structures established under its *Framework Agreement*.

This *National Strategic Framework* sets agreed directions for reform in Aboriginal and Torres Strait Islander health without imposing specific targets or benchmarks on the Commonwealth, State and Territory governments in recognition of the different histories circumstances and priorities of each jurisdiction. Therefore, reporting will record progress in

areas consistent with the action areas detailed in each key result area and against the stated aims and, over time, chart each government's progress against their own baselines. Provision of financial resources to implement the Strategic Framework will depend on fiscal management strategies and competing funding priorities as determined by each jurisdiction's budget processes.

Evaluation

Evaluation of this *National Strategic Framework* will be against the jurisdictional implementation plans (to be developed) covering the key result areas and the Framework's Aims. NATSIHC will develop a plan for independent reviews of progress and will oversight commission of independent mid-term and final evaluation reports for public distribution. Both evaluations will focus on progress in implementation and outcomes achieved.

Some results of the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* will be seen in the shorter term, such as the provision of enhanced primary care services under the Primary Health Care Access Program, outcomes of environmental health surveys, and outcomes of existing workforce capacity building initiatives.

In the medium term, it will be important to assess the aims of the key result areas to ensure that important initiatives are being implemented, including changes to service delivery, enhanced community participation and increases in the numbers of Aboriginal and Torres Strait Islander health professionals.

Some impacts on health outcomes may be expected in the medium term, such as changes to the health care provided to infants and young children and reductions in communicable diseases as a result of improved health information and immunisation programs. However, some results will take longer to achieve. Change in health outcomes must be monitored and the aim of reducing incidence, prevalence and impact of these disorders kept firmly in mind.

Comprehensive primary health care can reduce the extent of disability and death resulting from chronic disease, but health outcomes at a population level generally do not significantly improve within short or medium term timeframes. Nevertheless, international figures demonstrate that optimally and consistently resourced primary health care systems can make a significant difference to the health status of populations, as measured by life expectancy, within a decade. For example, in the 1940s to the 1950s in the United States, Native American life expectancy improved by about 9 years; an increase in life expectancy of about twelve years took place in Aotearoa/New Zealand over two decades from the 1940s to the 1960s. ⁵² Figures from within Australia demonstrate dramatic improvements in infant mortality (for example from 200 per 1,000 in mid 1960s Central Australia to around 50 per 1,000 by 1980) through the provision of medical services. ⁵³

twenty year period 1955 to 1975. Medical Research Council of New Zealand, Special Report Series no 7, Auckland.

⁵² For example: Indian Health Service 1989, *Trends in Indian Health – 1989. Tables*; Rockville, MD Department of Health and Human Services and Pomare EW 1980, *Maori standards of health: a study of the*

⁵³ Tilton E 2001, "Aboriginal health: an historical approach" in Condon J, Warman G, and Arnold L (eds) *The health and welfare of Territorians*. Territory Health Services, Darwin.