



Australian Government
Department of Health and Ageing



SECRETARY

Ms Toni Matulick
Committee Secretary
Senate Select Committee on Regional and Remote Indigenous Communities
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Ms Matulick

I am pleased to submit the Department of Health and Ageing's Submission to the Senate Select Committee on Regional and Remote Indigenous Communities.

In line with the Terms of Reference for the Inquiry, the Department's written submission is based on the Australian Government's health policies and programs since 1 July 2007 including those outlined in the Government's commitment to *Closing the Gap* and the Northern Territory Emergency Response *Family and Child Health* measure.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jane Halton'.

Jane Halton PSM
Secretary

13 April 2009

DEPARTMENT OF HEALTH AND AGEING

SUBMISSION TO THE SENATE SELECT COMMITTEE ON REGIONAL AND REMOTE INDIGENOUS COMMUNITIES

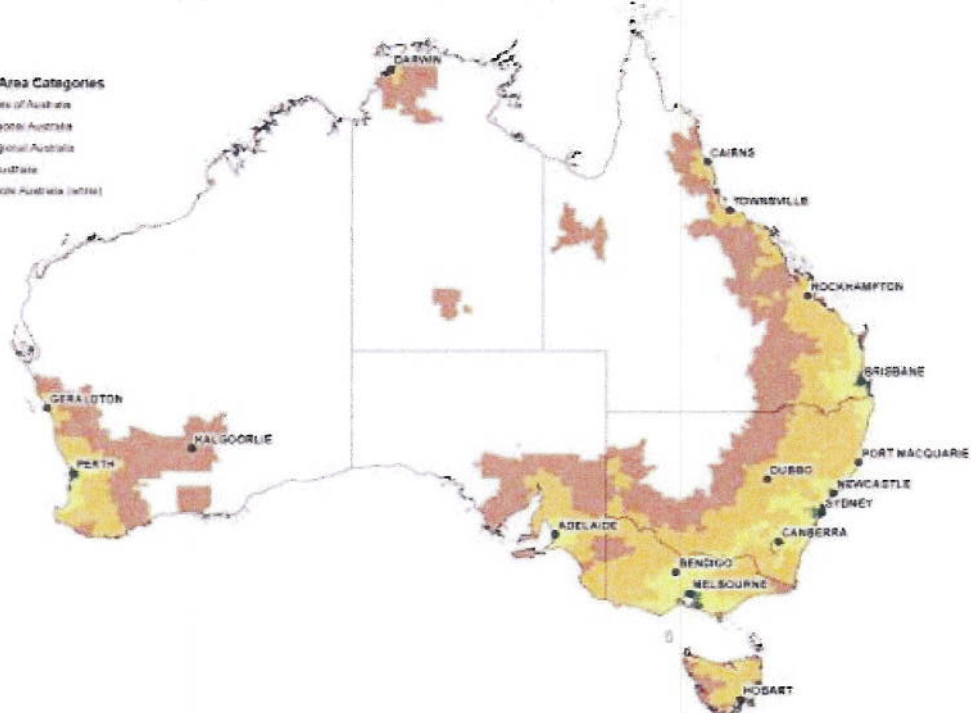
APRIL 2009

2006 Australian Standard Geographic Classification Remoteness Areas (ASGC-RA)

Legend

Remoteness Area Categories

- Major Cities of Australia
- Inner Regional Australia
- Outer Regional Australia
- Remote Australia
- Very Remote Australia (white)



Map based on 2006 Australian Standard Geographic Classification Remoteness Areas by Collection Districts as produced by the Australian Bureau of Statistics.
Map produced by the Regional Planning Team, CATSIH 3 June 2009.

Introduction

This submission is provided to assist the Senate Select Committee on Regional and Remote Indigenous Communities in its deliberations. It provides an outline of Health programs that are designed to improve the health and well-being of Aboriginal and Torres Strait Islander people and have reach to people living in regional and remote communities.

Closing the Gap aims to close the 17 year gap in life expectancy between Indigenous and non-Indigenous people within a generation, and to halve the gap in mortality rates for Indigenous children under 5 within a decade. The Council of Australian Governments (COAG) has agreed on a range of national partnerships and other initiatives to work together across state and territory boundaries, Australian Government/State responsibilities and to work collaboratively with Aboriginal and Torres Strait Islander organisations, groups and communities to achieve these targets. A number of these initiatives recognise the important contribution that non-health related factors, such as education, housing and sanitation, and employment make to health outcomes. It includes initiatives such as the Remote Service Delivery National Partnership. This initiative aims to implement a new remote service delivery model to ensure that Indigenous Australians living in these remote communities actively participate in services available to close the gap in outcomes for Indigenous Australians.

The Health and Ageing Portfolio works towards achieving a health care system that meets the health care and ageing needs of all Australians, including Aboriginal and Torres Strait Islander Australians. The Australian Government is committed to pursuing a reform agenda that reflects a new approach to improving health and aged care services. There is a new era of cooperation and collaboration between the Australian Government, states and territories, and a greater focus on prevention and primary health care. In the 2008-09 Budget, the Australian Government introduced a range of initiatives to improve the health and well-being of all Australian children, fill gaps in essential health infrastructure for communities in need and improve patient access to appropriate care. While all of these initiatives could be described as “mainstream”, the aim is to ensure that they are accessible by, and appropriate to, Aboriginal and Torres Strait Islander communities.

The Department has responsibility for implementing and achieving the Government’s policies across a wide range of health and ageing related issues including:

- Medical and pharmaceutical services;
- Primary care;
- Rural health;
- Population health;
- Aged care and population ageing;
- Hearing services;
- Indigenous health;
- Private health;
- Health system capacity and quality;
- Mental health;
- Health workforce capacity;
- Acute care;
- Biosecurity and emergency response; and
- Greater participation in sport and sport sector development.

For example, in the Medicare Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS), two of the Australian Government's major health programs, there are a number of measures in place to improve access to these programs for Aboriginal and Torres Strait Islander people including:

- Medicare funding for Aboriginal and Torres Strait Islander primary health care services through special arrangement under section 19(2) of the *Health Insurance Act 1973*;
- Access to Medicare funded pathology tests for Aboriginal and Torres Strait Islander primary health care services to provide screening for particular conditions under section 19(5) of the *Health Insurance Act 1973* arrangements;
- Improving the availability of prescription medications in remote areas for Aboriginal and Torres Strait Islander people through Indigenous health services under section 100 of the *National Health Act 1953*;
- Introducing a Voluntary Indigenous Identifier to the Medicare database to help assess the effectiveness of current and new initiatives and to improve Aboriginal and Torres Strait Islander people's access to health programs;
- Specific MBS items for Indigenous Health Checks across the life course – Child (under 15 years of age), Adult (15 – 54) and Older persons (over 55); and
- Listing a range of medicines on the PBS specific to Aboriginal and Torres Strait Islander people's health needs.

In addition to these specific programs and services, there are a range of other programs within the portfolio that aim to assist in bridging the life expectancy gap between Indigenous and non-Indigenous Australians.

The Department of Health and Ageing is committed to providing policy advice and implementation of programs based on the best available evidence. The Aboriginal and Torres Strait Islander Health Performance Framework (HPF) Report 2008 uses the latest statistics available from the Australian Institute of Health and Welfare (AIHW) and/or the Australian Bureau of Statistics (ABS) key surveys or statistical collections. Unless more recently analysed data is available the data contained in this Submission is sourced from the Health Performance Framework Report (2008).

The Select Committee is charged with inquiring into a range of matters relating to health, welfare, education, employment and law and order of people, and particularly children living in regional and remote Indigenous communities within its Terms of Reference. This Submission provides advice consistent with the scope of the Committee's Terms of Reference.

a) the effectiveness of Australian Government policies following the Northern Territory Emergency Response, specifically on the state of health, welfare, education and law and order in regional and remote Indigenous communities;

Northern Territory Emergency Response (NTER)

The Northern Territory Emergency Response (NTER) *Child Health Check Initiative* (CHCI) provided the opportunity for a significant and enhanced focus on a number of areas of critical importance to the health and well-being of Aboriginal children, their families and communities. Much of the focus of activity of the CHCI was centred on regional and remote Indigenous communities and this focus remains in the follow-up services and in the \$99.7 million *Expanding Health Service Delivery Initiative* (EHSDI). An independent evaluation of the effectiveness and efficiency of both these initiatives will commence in 2009. The evaluation will contribute to the evidence base to assist in further improvements in service delivery.

NTER Child Health Check Initiative and Follow-up services

Initially, the child health checks were delivered rapidly and directly by the Australian Government through Child Health Check teams. Approximately 74% (11,972) of the estimated eligible population of 16,259 children aged 15 years or under had received a Child Health Check (NTER and MBS item 708) to 31 August 2008. As of 31 January 2009, an estimated total of 13,178 valid Child Health Checks (CHC) have been performed through the NTER and MBS Item 708 since 1 July 2007. The estimated CHC coverage as at 30 November 2008 is 66%. The coverage figure counts only one CHC per child and excludes checks more than 15 months old due to declining clinical relevance. The coverage rate has a 2 month lag due to data availability.

Service providers continue to be able to provide CHCs as deemed clinically appropriate. The change in coverage rate reflects the shift from the intense period of CHC activity to the intended and sequenced focus on the delivery of required follow-up services.

Follow-up services commenced in all regions in 2007-08 and are continuing in 2008-09, and are being delivered by local health service providers. Many of these service providers have required substantial time to acquire the necessary capacity, infrastructure and workforce to deliver the additional service demand. The Department is working closely with local health services to ensure that all children receive the follow-up care they need.

In December 2008, the Department released the *Progress of the Northern Territory Emergency Response Child Health Check Initiative: Preliminary Results from the Child Health Check and Follow-up Data Collections*. This follows a previous public report on health conditions identified and referrals made through the Child Health Checks which was released on the Department's website in May 2008.

The report provides a snapshot of follow-up care provided up until 17 October 2008. The data from this report have been updated and now reflects data collected by the AIHW up until 20 February 2009. The findings show that despite the many problems faced in establishing necessary service delivery infrastructure (for example, housing for staff and hearing booths to conduct tests), services are reaching children who need follow-up including:

- 2,683 occasions of dental services provided to 1981 children; and
- 2,924 audiology services provided to 2,422 children.

So far, 7,451 children who had a CHC have had their clinical records reviewed to see if they have received follow-up care recommended during the check. This chart review data shows 48% (3,602) had been referred for Primary Health Care (PHC) follow-up. By 20 February 2009, 81% (2,881) of these children had been seen at least once.

Follow-up was less complete for more specialised services:

- 50% (320) of children with a tympanometry and audiology referral had been seen by appropriate services;
- 43 % (390) of children with a referral to a paediatrician had been seen at least once;
- 41% (450) of children with an Ear, Nose and Throat referral had been seen at least once; and
- 24% (692) of children with a dental referral had been seen at least once.

The fact that many of the children who have received some follow-up care require further action is due to the chronic nature of many of the conditions being treated. Fundamentally, many ear, skin, physical growth and oral health problems are the result of poor living conditions, poverty, overcrowding and lack of adequate nutrition. While these conditions can be ameliorated through health interventions, their prevention requires improvements in these broader determinants of health. Of the 2,422 children for whom data from an audiology check were processed:

- 53% had either bilateral or unilateral hearing loss; and
- 23% had mild hearing loss in the better ear, 11% had moderate hearing loss and 0.5% had severe or profound hearing loss.

The prevalence of hearing loss identified through the audiology data collection is a particular cause for concern and is consistent with the currently understood high burden of hearing loss in Aboriginal populations. It is likely that ear disease through chronic infection substantially impacts on the developmental outcomes of Aboriginal and Torres Strait Islander children.

Expanding Health Service Delivery Initiative

This initial NTER effort is being sustained through the *Enhanced Health Service Delivery Initiative* (EHSDI), a \$99.7 million funding commitment by the Australian Government to expand health service delivery in remote NT Aboriginal and Torres Strait Islander communities over two years from July 2008. EHSDI aims to deliver long term, sustainable improvements in the NT primary health care system and provides for:

- increased primary health care service delivery in remote locations;
- delivery of more regionally-based primary health care services in remote NT communities; and
- supplementing the available workforce through the establishment of the Remote Area Health Corps (RAHC) to recruit and deploy urban-based health professionals on short term placements in remote NT communities.

The Department has worked collaboratively with the NT Department of Health and Families (DHF) and the Aboriginal Medical Services Alliance of the NT (AMSANT) in the development of an Investment Plan for the 2008-09 allocation under EHSDI. The Investment Plan strategically lays the foundations for sustainable improvements in remote health service delivery and has delivered a number of important achievements to date, including agreement to rationalise the current 22 Health Service Delivery Areas across the NT down to 14 to enable greater efficiency and to free up valuable resources for health service delivery.

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In addition to these specific NTER measures the Office for Aboriginal and Torres Strait Islander Health (OATSIH) provide a continuing range of programs to improve access to primary health care for Aboriginal and Torres Strait Islander people.

The OATSIH provides direct funding for health, substance use, social and emotional well-being and mental health service delivery to approximately 245 organisations, of which around 80% are Aboriginal and Torres Strait Islander community controlled or managed. Of the 191 Aboriginal health care and substance use specific services funded in 2005-06, 84% were located in regional or remote areas. Total expenditure in 2007-08 amounted to \$472 million. The majority of the funding was directed to the delivery of services. A summary of relevant programs including the latest announcement for \$58.3 million to improve Eye and Hearing Health (including training) services can be found at Attachment A.

b) the impact of state and territory government policies on the wellbeing of regional and remote Indigenous communities;

State and Territory Collaboration

The Department works in close partnership with its state and territory colleagues and with Aboriginal and Torres Strait Islander organisations and representatives to ensure that programs and policies can be implemented in a way that is appropriate to local conditions and community needs while still ensuring adequate and appropriate levels of accountability and transparency.

The Department has strong working relationships with its state and territory colleagues, particularly in the area of Aboriginal and Torres Strait Islander health.

Council of Australian Governments (COAG)

Since October 2008, COAG has agreed to invest over \$2.5 billion in closing the gap between Indigenous and non-Indigenous health outcomes. Roles and responsibilities between the Australian Government and states and territories under these National Partnership Agreements are being clarified through the development of implementation plans, which will be prepared in consultation with key Aboriginal and Torres Strait Islander stakeholders.

National Partnership Agreement on Indigenous Health

On 29 November 2008, the Australian Government announced \$805.5 million (over four years) from 2009-10 as its contribution to COAGs' \$1.6 billion Indigenous Health National Partnership Agreement. This National Partnership Agreement aims to work towards closing the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation for all Aboriginal and Torres Strait Islander people, in regional, remote and urban settings.

The Australian Government's contribution to the National Partnership Agreement will help prevent and better manage chronic disease, which accounts for some two thirds of the premature deaths among Aboriginal and Torres Strait Islander people. It will tackle chronic disease risk factors, improve chronic disease management in primary health care, improve follow up care and increase the capacity of the primary health care workforce to deliver effective health care to Aboriginal and Torres Strait Islander people.

Indigenous Early Childhood Development National Partnership

This announcement also builds upon COAGs' \$564 million of joint funding over six years to address the needs of Aboriginal and Torres Strait Islander children in their early years, agreed in October 2008.

As part of this Agreement, 35 Children and Family Centres (CFCs) will be established across Australia, with 20 CFCs to be located in regional and remote communities to deliver integrated services that offer early learning, child care and family support programs.

The Agreement also provides funding to increase access to ante-natal care, teenage reproductive and sexual health services, and child and maternal health services, which will help improve the availability of these services in regional and remote communities. To complement existing activities, sites will be selected in consultation with state and territory governments.

National Partnership Agreement on Remote Service Delivery (RSD)

This National Partnership Agreement focuses on all governments coordinating their community engagement, service delivery and infrastructure investments in 26 targeted remote/very remote locations, by:

- contributing to an integrated approach to service planning and delivery;
- establishing a single government interface; and
- ensuring cultural competence for all government employees.

The above National Partnership Agreements will be implemented, where relevant within remote areas, with regard to the agreed *Principles for investment in remote locations*.

State and Territory Partnerships

Aboriginal Health Forums are established in all states and territories to address the specific health and wellbeing challenges for Aboriginal and Torres Strait Islander people. These Forums include representation from the Australian Government and the state/territory health portfolios and the state affiliate of the National Aboriginal Community Controlled Health Organisations (NACCHO) in all states and territories except Tasmania. Examples of these partnerships are at Attachment B.

c) the health, welfare, education and security of children in regional and remote Indigenous communities;

Promoting the health of Aboriginal and Torres Strait Islander children

The death rates for Aboriginal and Torres Strait Islander children under the age of 15 are two to three times higher than for non-Indigenous children, and babies of Aboriginal and Torres Strait Islander mothers are more than twice as likely to be of low birth-weight as babies born to other Australian mothers, according to the HPF Report (2008).

The Family Centred Primary Health Care report highlights the key contribution of the social determinants of health to the burden of illness and disease in Aboriginal and Torres Strait Islander populations in Australia. The report summarises published evidence of the links between child development, education and health, and can be accessed at

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

New Directions Mothers and Babies Services

As part of the 2007 Election Commitment, *New Directions: An Equal Start in Life for Indigenous Children*, the Australian Government has provided funding of \$90 million over 5 years to primary health care providers across Australia, in regions of high need for child and maternal services. The program aims to deliver increased access to antenatal and postnatal care for mothers of Aboriginal and Torres Strait Islander children; child health checks and follow-up; monitoring of children's developmental milestones and health status; and information about baby care, breastfeeding, immunisation and parenting.

Since funding became available in May 2007, five services have been supported. Another 27 services across Australia will receive New Directions funding early in 2009 and 5 more in 2009-10, 15 of which are located in remote localities (5 of them in the NT).

Australian Nurse Family Partnership Program Health@Home Plus

The *Australian Nurse-Family Partnership* program (NFP) (funded through *Health@Home Plus*) is a home visiting program based on the highly successful model developed by Professor David Olds and his team at the University of Colorado in the USA. The program contributes to the Australian Government's commitment to 'Closing the Gap' policy through the targeted provision of health services to Aboriginal and Torres Strait Islander children and early intervention to reduce future health issues. The Australian NFP Program contributes to this by supporting women pregnant with an Aboriginal and/or Torres Strait Islander child until the child is 2 years old. Support is provided through intensive, sustained home visits and aims to improve pregnancy outcomes by helping women engage in good preventive health practices; support parents to improve child health and development; and help parents develop a vision for their own future, including continuing education and finding work.

d) The employment and enterprise opportunities in regional and remote Indigenous communities.

Regional and Remote Health Workforce

The critical nature of the availability, recruitment and retention of a skilled Indigenous and non-Indigenous health workforce are recognised as key factors in closing the gap. Funding has been allocated to a wide range of new initiatives and ongoing programs that will engender positive steps towards closing the gap.

Recent commitments that have been put into action include the COAG Indigenous Health National Partnership, the National Indigenous Health Workforce Training Plan.

Office of Rural Health

On 1 July 2008, the Australian Government established the Office of Rural Health, bringing together rural health workforce distribution and rural health service delivery within the Department of Health and Ageing. As a first priority, the Minister for Health and Ageing tasked the Office to review the Government's existing rural health programs, as well as the classification systems that determine eligibility for rural health program funding. The review is taking a thematic approach, focusing on programs which target service delivery and access, infrastructure, workforce distribution and workforce education and training. The review will also examine ways to improve collaboration between the Commonwealth and state and territory governments in order to improve health outcomes for people in rural and remote communities.

COAG Indigenous Health National Partnership

As part of the Australian Government's \$805.5 million contribution to the COAG Indigenous Health National Partnership, funding is available to increase the capacity of the primary health care workforce to Aboriginal and Torres Strait Islander communities via training and employment opportunities that will ultimately deliver effective health care to Aboriginal and Torres Strait Islander Australians. Specifically, funding for specific measures including:

- 160 new Indigenous Outreach Worker positions (including on the job training and support);
- 75 extra health professional and practice managers in Aboriginal health services;
- 38 new GP registrar training places in Aboriginal health settings; and
- Expanded nurse scholarship and clinical placements.

Additional support will be provided to allow Aboriginal and Torres Strait Islander patients with chronic diseases to access specialist and allied health care services and allow for the expansion of the *Medical Specialists Outreach Assistance Program* to increase access to specialist and allied health services in rural and remote areas.

The National Indigenous Health Workforce Training Plan

The National Indigenous Health Workforce Training Plan (the National Training Plan) released in March 2008 aims to strengthen the Aboriginal and Torres Strait Islander health workforce and encourage more Aboriginal and Torres Strait Islander people to take up careers as health professionals. Funding has been committed over three years to a range of organisations that will have a direct impact on Aboriginal and Torres Strait Islander people wanting to enter the health industry.

The National Training Plan is being delivered through peak Aboriginal and Torres Strait Islander medical and nursing organisations and Aboriginal Health Services. The plan is underpinned by the *Pathways into the health workforce for Aboriginal and Torres Strait Islander people: A BLUEPRINT FOR ACTION* which was endorsed by the National Aboriginal and Torres Strait Islander Health Council on 3 April 2008.

The implementation approach will involve local schools, students, private enterprise and all levels of Government to improve learning outcomes for students at risk and to facilitate their transition into productive employment in health.

Puggy Hunter Memorial Scholarship (PHMSS)

The scholarship helps address the under-representation of Aboriginal and Torres Strait Islander people in health professions and assists in increasing the number of Aboriginal and Torres Strait Islander people with professional health qualifications in the areas of Aboriginal health work, allied health, enrolled and registered nursing, health management, medicine and mental health. The scheme covers both vocational and tertiary qualifications.

The PHMSS began in 2002 with eight scholarships and has grown to an anticipated 245 students participating in the scheme in the 2009 academic year.

Other Departmental Workforce Initiatives

The Department manages a range of incentive and support programs that provide financial and other support to rural and remote areas to assist them to attract and retain health professionals in their communities. These programs include:

- the *Workforce Support for Rural General Practitioners (WSRGP)* program to provide training and professional development, and locum support for newly arrived and existing general practice workforce in rural areas;
- the National Rural Health Students' Network (NRHSN) to provide rural placements for health students that may influence their decision to work in rural and remote Australia upon graduation;
- the *Registrars Rural Incentive Payment Scheme* which offers a range of incentives and support programs for general practitioners who provide services in rural and remote communities; and
- The *Higher Education Contribution Scheme (HECS) Reimbursement Scheme* which aims to promote careers in rural medicine and increase the number of doctors in rural and regional Australia in the longer term.

At a whole of system level, the Minister for Health and Ageing commissioned an audit of the current supply of doctors, nurses and other health professionals in rural and remote Australia and also to identify where health workforce shortages exist. The findings were released in the *Report on the Audit of Health Workforce in Rural and Regional Australia (April 2008)*. Data was gathered from multiple sources including Medicare, national labour force surveys and the Australian Bureau of Statistics *2006 Census of Population and Housing (Census)*.

Conclusion

Some of the key characteristics of these health programs and their implementation can be described as:

- harnessing the mainstream through specific strategies such as access to Medicare and medicines;
- a suite of complementary and specific Aboriginal and Torres Strait Islander health programs as administered by the Office for Aboriginal and Torres Strait Islander health, as outlined in Attachment A;
- Targeted whole of government effort with a set of health measures as part of the Northern Territory Emergency Response;
- contribution to Aboriginal and Torres Strait Islander employment through health investments;
- ongoing partnership in the planning and implementation of health programs between the Australian Government, State and Territory Governments and the Aboriginal Community Controlled Health Service Sector; and
- reform, through the Coalition of Australian Governments' range of new National Partnerships.

Together, the programs and the manner in which they are implemented contribute to closing the gap between Indigenous and non-Indigenous Australians.

Summary of Relevant Health Programs

Capital and Infrastructure

Accessible, fit-for-purpose infrastructure is pivotal to delivering effective health services to Aboriginal and Torres Strait Islander communities, especially in rural and remote Australia where mainstream health services are not available to address the unmet health service needs of these communities. The inadequacy of existing infrastructure such as health clinics and housing for health professionals are barriers to attracting health professionals to the Indigenous health sector, particularly in rural and remote areas.

Department of Health and Ageing funded capital works projects are built and designed to be durable, locally sustainable, appropriate to the cultural and physical environment, and encourage community development and ownership.

Timely completion of capital works projects is often impeded by remote project locations, resolving land tenure issues, availability of serviced land, seasonal climatic conditions, and the extended consultation required to achieve community agreement about project scope requirements.

In 2007–08, eighteen clinic redevelopments/improvements were completed with nine in very remote areas and one in a remote area. In addition, ten houses / duplexes for health professionals were completed with eight in very remote areas and two in remote areas.

Chronic Diseases

The HPF Report (2008) states the leading causes of death for Aboriginal and Torres Strait Islander people include chronic conditions such as circulatory system diseases, diabetes, cancer and respiratory diseases, mental health conditions, injury (including road traffic accidents, violence and self-harm) and a range of communicable diseases.

There are a number of programs in place across the portfolio to address the incidence and morbidity associated with chronic diseases for Aboriginal and Torres Strait Islander people. Many of these programs are administered and managed within the context of mainstream efforts on particular chronic diseases, while others are more specifically targeted within the remit of the Office for Aboriginal and Torres Strait Islander Health.

Lifestyle Risk Factors

There are a range of programs to address key risk factors associated with avoidable mortality within Aboriginal and Torres Strait Islander communities, such as nutrition, sport and physical activity, and to address smoking rates, which are at unacceptably high rates in some Aboriginal and Torres Strait Islander communities (up to 40% according to the HPF Report (2008)).

The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan provides a collaborative, state, territory and Australian Government policy focus to closing the gap in Aboriginal and Torres Strait Islander mortality through improved nutrition. It identifies seven priorities to address the determinants of poor nutrition, including remote food supply, food security, family focused nutrition promotion and increasing the Aboriginal and Torres Strait Islander nutrition workforce. The Remote Indigenous Stores and Takeaways and Outback Stores Projects both aim to improve access to good quality, affordable healthy foods in remote Aboriginal and Torres Strait Islander communities.

The *Indigenous Sport and Recreation Program* provides funding to community groups and organisations to increase the active participation of Aboriginal and Torres Strait Islander Australians and encourages community ownership and management of sport and recreation activities. It also aims to build and maintain respect for players, officials and spectators by promoting drug free participation in sporting activities.

To improve health, welfare and employment in Aboriginal and Torres Strait Islander communities, the Australian Government established the *Indigenous Communities Initiative* (ICI), and the *Capacity Building in Indigenous Communities Initiative* (CBIC) under the National Drug Strategy complementary action plan for Aboriginal and Torres Strait Islander people. These programs address the incidence of substance abuse and related violence amongst Aboriginal and Torres Strait Islander people through increasing the capacity of Aboriginal and Torres Strait Islander communities to develop local solutions to substance abuse. These two programs currently fund 52 projects. Of these projects, funding has been provided to 13 remote organisations, 8 rural organisations, 24 regional organisations and 7 urban organisations.

In addition to these, there are programs to reduce the incidence of substance abuse and related violence among Aboriginal and Torres Strait Islander people through a range of measures including increasing the capacity of communities to develop local solutions to substance abuse in their own communities.

Healthy for Life

The *Healthy for Life* program aims to improve:

- the availability of child and maternal health care;
- the prevention, early detection and management of chronic disease;
- men's health;
- the Indigenous health workforce; and
- the long term health outcomes for Indigenous Australians.

Healthy for Life is designed to allow primary health care services to review their current service delivery, establish a baseline and use that information to identify strengths and gaps in service delivery and priority areas for action. Many creative and flexible service delivery models have been developed under the *Healthy for Life* program since its inception in 2005-06.

One of the outcomes in the short to medium term (1-4 years) of the *Healthy for Life* program is to increase adult and child health checks by 10% each year. An evaluation of the *Healthy for Life* program recently commenced and it is anticipated that the results of the evaluation will demonstrate the level at which the *Healthy for Life* program is meeting the program aims and outcomes.

Sexual Health and Blood Borne Viruses

A range of sexual health programs are in place and are delivered in partnership with the states and territories to improve community awareness, knowledge and understanding of sexual health issues and to help prevent and control sexually transmissible infections and HIV among Aboriginal and Torres Strait Islander people at risk.

These initiatives include projects aimed at reducing risk behaviour and improving the sexual health of young Aboriginal and Torres Strait Islander people in regional and remote communities.

Social and Emotional Well-being and Mental Health

Emotional and social well-being, including mental health issues are also vitally important factors in ensuring the ongoing improvement of health outcomes and sustainability of regional and remote Aboriginal and Torres Strait Islander communities. Programs through the Office for Aboriginal and Torres Strait Islander Health include *Bringing Them Home* and *Link Up* services to address people affected by Stolen Generation policies.

Bringing Them Home Counsellors provide counselling to individuals, families and communities affected by past practices regarding the forced removal of children from Aboriginal and Torres Strait Islander families. *Link Up* Services provide support, guidance and assistance to Aboriginal and Torres Strait Islander people forcibly separated from their families and communities as a result of past governments' laws, policies and practices, to trace and reunite with their families.

The *Closing the Gap –Bringing Them Home Counsellors and Link Up Services* 2008 Budget measure provided additional funding for both *Bringing Them Home* and *Link Up* services. Up to 150 *Bringing Them Home* Counsellor positions, the majority of which are in rural and remote Aboriginal Health Services and 11 *Link Up* sites are funded across the country.

In addition there are a number of mainstream mental health programs that specifically target Aboriginal and Torres Strait Islander communities. Particularly relevant amongst these are the *Mental Health Services in Rural and Remote Areas Program*, the *Indigenous Kids Helpline* project and 19 suicide prevention programs specifically targeted at regional and remote Aboriginal and Torres Strait Islander communities.

Australian Government funding of \$20.8 million over five years from 2006 is being provided for the COAG measure *Improving the Capacity of Workers in Indigenous Communities*.

The measure is supporting Aboriginal Health Workers, nurses, counsellors and other clinic staff to identify and address mental illness and associated substance use issues in Aboriginal and Torres Strait Islander communities. This includes recognising the early signs of mental illness and making referrals for treatment where appropriate.

Substance Use Services

The HPF Report (2008) highlights the disproportionate rates of substance use and harm among Aboriginal and Torres Strait Islander people. There are a number of initiatives in place to address alcohol and other drug issues specifically for Aboriginal and Torres Strait Islander people.

The majority of organisations that are funded through these programs to deliver drug and alcohol treatment and rehabilitation services are community-controlled organisations, over 80% of which are located in and deliver services to regional and remote communities.

Petrol Sniffing Prevention Program

The *Petrol Sniffing Prevention Program* commenced subsidising the supply of low aromatic Opal fuel to regional and remote Aboriginal and Torres Strait Islander communities in February 2005, which aims to reduce the incidence and impact of petrol sniffing in Aboriginal and Torres Strait Islander communities.

As at 1 January 2009 there are 120 sites across Australia that supply Opal fuel including 84 communities, three pastoral properties and 33 service stations/roadhouses. Over 97% of these sites are in remote or very remote areas. An independent evaluation by James Cook University in late 2008 found that there has been a significant reduction in petrol sniffing since the introduction of Opal fuel.

Eye and Hearing Health

In addition to the above programs, the Australian Government announced funding of \$58.3 million over four years that will be provided from July 2009 to support improvements in eye and ear health services for Indigenous Australians. The *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure includes:

- increased training of health workers in hearing health, to make sure they can detect hearing problems of Indigenous people as early as possible.
- investments in medical equipment for hearing screening including audiometers, tympanometers and video-otoscopes.
- additional ear and eye surgery reflecting the high need for these services.
- hearing-health promotion to increase awareness of ear disease and the importance of providing and following treatment to reduce hearing loss in Aboriginal and Torres Strait Islander communities.
- a major increase in services to address trachoma, which will enable regional teams to treat and help prevent trachoma in Indigenous communities in the Northern Territory, Western Australia, South Australia and other states if trachoma is identified.
- expanding the Visiting Optometrist Scheme, to provide new and increased numbers of optometrist visits to remote and very remote Indigenous communities.

Examples of Partnership Approaches

These examples focus on partnership approaches in the Northern Territory (NT), Queensland (Qld), New South Wales (NSW), South Australia (SA) and Western Australia (WA).

Northern Territory

As well as the range of programs and services specifically targeted under the NTER follow-up and Expanding Health Service Delivery Initiatives outlined in the previous section, there are a large range of programs and Budget initiatives funded through OATSIH which aim to improve access to health care and services to rural and remote Aboriginal and Torres Strait Islander people. A primary focus of these initiatives has been on child and maternal health, and chronic disease. The NT Aboriginal Health Forum (NTAHF) provides the vehicle for a partnership approach to be undertaken in the NT. Membership comprises the three key stakeholders involved in Aboriginal and Torres Strait Islander health service delivery in the NT – ie the Department of Health and Ageing (including OATSIH), the NT DHF and AMSANT. Senior representatives from each organisation attend Forum meetings which provide potential for high level, strategic and informed discussion and decision making.

Recent activities undertaken by the NTAHF include:

- joint planning to identify more viable regional boundaries to better improve health service delivery (to inform the regionalisation agenda being progressed through EHSDI);
- development of the “Pathways to Community Control” document
- investigation and development of a strategic paper on mental health and substance use service delivery in the NT;
- development of universal performance indicators for Indigenous primary health care service delivery across NT government clinics and Aboriginal Community Controlled Health Organisations;
- providing advice on allocation of new resources available to the NT, including Australian Government programs and initiatives;
- providing advice on the roll out of the NT Emergency Response, Child Health Checks and follow-up, as well as planning for improved health service delivery;
- coordination and engagement to support the transition of health services as a consequence of NT Local Government reforms; and
- coordination of workforce activities.

Queensland

The Department of Health and Ageing is working with its partners, the Queensland Government, Apunipima Cape York Health Council and the Cape York Institute towards the timely implementation of a significant increase in health services required to underpin the Cape Welfare Reform Project (CWRP) in the four trial communities of Aurukun, Coen, Hopevale and Mossman Gorge. Just over \$33 million in Australian Government health funding has been committed to support the trial communities over four years.

Central to the enhanced availability of health services required to underpin the Welfare Reform effort, Well-being Centres have been established (since July 2008) in all four trial communities through joint funding arrangements between the Australian and Queensland governments. The Well-being Centres provide for a holistic, systemic and community-based approach to treating addiction and related mental health co-morbidities, addressing family violence, confronting denial, rebuilding norms and facilitating pathways out of treatment to employment and education.

Local Advisory Groups are being established in each of the four trial communities to specifically partner with the auspice to ensure active community participation in the recruitment, planning, development, monitoring and evaluation of Well-being Centre service delivery. The Local Advisory Groups are an important mechanism to strengthen community ownership and control of local health services. Involvement by the community in the Local Advisory Groups will also foster self responsibility and individual engagement at the grass roots level, critical to the continued acceptance of the Well-being Centres by these communities.

New South Wales

The aim of the NSW Aboriginal Health Forum is to support collaborative action at a State level in identified priority areas of Workforce, social and emotional well-being and Mental Health, Substance Use, Chronic Care and Child and Maternal Health. Sub-committees have been established in each of these priority areas to progress collaborative planning and activity and to provide a mechanism for stakeholder engagement in NSW on these key issues. The Chronic disease workgroup is convened by NSW Health. The other four Workgroups are convened by OATSIH in NSW.

The NSW Aboriginal Health Forum comprises:

- the Australian Government including the Department of Health and Ageing (DoHA) and the Department of Families, Housing, Community Services, and Indigenous Affairs (FaHCSIA);
- the NSW Department of Health;
- General Practice NSW; and
- the Aboriginal Health and Medical Research Council.

In addition to the state-wide Forum, the Department of Health and Ageing and the Greater Western Area Health Service (GWAHS) are in the process of establishing a GWAHS-wide forum to continue the implementation of existing projects and the development of new collaborative projects across the region. Both agencies acknowledge the benefit of extending the membership of the Forum to include a range of key stakeholders who have an interest or role in health service delivery to Aboriginal communities within GWAHS.

The purpose of the GWAHS Forum is to enable health services to work collaboratively to achieve sustainable gains in the health status of Aboriginal people and facilitate ongoing co-operative health system reforms and linkages with other sectors responsible for economic, social and environmental initiatives. The inaugural meeting of the Forum is scheduled for March 2009.

South Australia

As well as the South Australian state-wide forum on Aboriginal and Torres Strait Islander health, Tjungungku Kuranyukutu Palyantjaku (TKP), meaning “Working together towards a better future” has been established to help improve the lives and services available to people living on the APY Lands. The TKP is made up of representatives from the Australian and South Australian Governments, and Anangu (Aboriginal) regional organisations. TKP enables all organisations delivering services to plan and work together to provide better outcomes in law and order, health, education, employment, housing, and to create greater opportunities for young people.

Western Australia

The Western Australian Aboriginal Health Partnership Forum was reviewed and reformed in 2008. The Forum now has two functional levels, one that is strategic, forward thinking and looking for opportunities to improve, and the other level is operational, putting into place the plans and tasks from the strategic and forward thinking opportunities. The operational level is now undertaken by the newly formed Senior Officer’s Group.

Through the review process, the Forum members have expanded and now include:

- Western Australian General Practice Network;
- Department of Health – Western Australian Country Health Service;
- Aboriginal Health Council of Western Australia;
- Western Australian Department of Health, Office of Aboriginal Health;
- Department of Health and Ageing Western Australian State Office, Office of Aboriginal and Torres Strait Islander Health.

The primate role of the Forum is to:

- Build on the gains and understanding already achieved in improving Aboriginal health and take advantage of opportunities for improved resourcing and capacity building as they arise.
- Proactively seek out and make use of opportunities at the State and Federal level for improved resourcing and service-coordination.
- Identify gaps in service delivery, based on evidence and consolidate approaches to address areas of unmet need in Western Australian Aboriginal community.

The Forum meets quarterly, and in some instances more regularly depending on the issues. Recent forums have focussed on cultural safety and respect, and regional health planning forums.

In addition to the Aboriginal Health Partnership Forum, Western Australia also has a Partnership Group for alcohol and substance use. Members comprise of:

- Western Australian Drug and Alcohol Office;
- Office for Aboriginal and Torres Strait Islander Health; and
- The Western Australian Department of Health, Office of Aboriginal Health.

The primary role of the Partnership Group is to coordinate the reviewing, planning and funding of Indigenous drug and alcohol programs in Western Australia. This includes developing the Aboriginal and non-Aboriginal drug and alcohol workforce in WA to better address the alcohol and other drug related health issues of Aboriginal people.

The effective relationship between Partnership Group members ensured that Western Australia was the first jurisdiction to sign off on the 2006 COAG substance use initiative. Meetings are held every six weeks, and the peak group, the Western Australian Network of Alcohol and other Drug Agencies, is invited to every second meeting to provide additional information on alcohol and substance use service delivery.

A number of projects are jointly funded and the partnership has provided a valuable mechanism for getting the best possible value from the funds available.