

Government **r**esponse

to the

House of **R**epresentatives **I**nquiry

into

Indigenous **H**ealth – *'Health is Life'*

March 2001

Introduction

In September 1997 the House of Representatives Standing Committee on Family and Community Affairs commenced its inquiry into the issue of the health status of Indigenous Australians.

The Terms of Reference of the inquiry were to report on:

- (a) Ways to achieve effective Commonwealth coordination of the provision of health and related programs to Aboriginal and Torres Strait Islander communities, with particular emphasis on the regulation, planning and delivery of such services;
- (b) Barriers to access to mainstream health services, to explore avenues to improve the capacity and quality of mainstream health service delivery to Aboriginal and Torres Strait Islander people and the development of linkages between Aboriginal and Torres Strait Islander and mainstream services;
- (c) The need for improved education of medical practitioners, specialists, nurses and health workers, with respect to the health status of Aboriginal and Torres Strait Islander people and its implications for care;
- (d) The extent to which social and cultural factors, and location, influence health, especially maternal and child health, diet, alcohol and tobacco consumption;
- (e) The extent to which Aboriginal and Torres Strait Islander health status is affected by educational and employment opportunities, access to transport services and proximity to other community supports, particularly in rural and remote communities; and
- (f) The extent to which structures for delivery of health care services have contributed to the poor health status of Aboriginal and Torres Strait Islander people.

The Committee tabled its report, entitled *‘Health is Life’* on 5 June 2000. The Committee made a total of 36 recommendations (listed at [Attachment A](#), page 40).

The recommendations relate to the roles and functions of the range of Commonwealth Government agencies responsible for improving the coordination, planning and delivery of health services, improving housing and infrastructure services, nutrition, health workforce, and research and data collection.

The Government either accepts or accepts in principle the majority of the 36 recommendations. It notes however that a number of current key initiatives in structural reform, the development of partnership approaches, responses to specific health and health related issues and improvements in data collection and accountability reporting are already contributing significantly to addressing the issues raised in the Inquiry’s report.

In November 2000, the Council of Australian Governments (COAG) endorsed a framework to advance reconciliation, committing to an approach based on partnerships and shared responsibilities with indigenous communities, programme flexibility and coordination between government agencies, with a focus on local communities and outcomes. Following the COAG meeting, the Prime Minister wrote to all portfolio ministers asking that they review their programmes and services with a view to improving outcomes for indigenous Australians. Commonwealth/State Ministerial Councils have also been asked to develop action plans, performance monitoring strategies and benchmarks.

Furthermore, a National Aboriginal and Torres Strait Islander Health Strategy is being developed through the National Aboriginal and Torres Strait Islander Health Council at the

request of the Commonwealth Minister for Health and Aged Care. Ways of addressing many of the recommendations specifically relating to the primary health care functions of the health portfolio and the environmental health functions of the Aboriginal and Torres Strait Islander Commission can be considered in the context of the Commonwealth Government's contribution to the development of the Strategy.

The Government commends the House of Representatives Standing Committee on Family and Community Affairs for its work in undertaking and conducting this Inquiry. The Government is heartened to see that the report was agreed unanimously by the Committee and that, consistent with this Government's approach, it recognises that an agreed, long-term and carefully planned strategy with bipartisan support is required if sustainable improvements in Aboriginal and Torres Strait Islander health are to be realised.

The Government's comments on each recommendation are contained within the body of this report.

Chapter 1 – Introduction

Recommendation 1

The Commonwealth accept that it has the major responsibility for the provision of primary health care to Indigenous Australians:

- The Commonwealth must assume responsibility for developing, in collaboration with the States and Territories, an efficient, coordinated and effective mechanism for the delivery of services and programs which impact on the health and well-being of the Indigenous population.

The Government accepts this recommendation but notes that this responsibility is shared with State and Territory Governments.

The Commonwealth is taking a leading role in developing, in collaboration with the States and Territories and the community sector, mechanisms for the delivery of Indigenous specific and mainstream services and programs which impact on the health and well-being of Indigenous Australians.

Between 1996 and 1999, in all jurisdictions (including the Torres Strait), the Commonwealth, State and Territory Governments, community controlled health sector and the Aboriginal and Torres Strait Islander Commission (ATSIC) signed *Agreements on Aboriginal and Torres Strait Islander Health* (Framework Agreements). It is through the broad strategies and collaborative mechanisms established through these agreements that the Commonwealth, States and Territories can jointly work to improve delivery of services and programs which impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

The State and Territory Forums provide a mechanism for coordination and collaboration through joint planning and policy development. It is through this mechanism that joint Regional Planning to identify gaps and opportunities in service provision, and priorities to improve health services is being undertaken. In areas where the plans are complete joint work is being undertaken to meet the priorities identified in these plans.

Expanding and improving the primary health care system is emerging as a key priority in all jurisdictions, with joint action being taken in a number of areas. For example, prior to the completion of regional plans there was a separate process to identify some of the most urgent needs in remote areas that had little or no access to primary health care services - these are now being met with additional funding contributions from the Commonwealth through the Remote Communities Initiative.

In the 1999-00 Budget the Commonwealth allocated an additional \$78.8m over four years to improve Aboriginal and Torres Strait Islander people's access to appropriate primary health care services in some priority areas where needs have been identified through completed Regional Plans or the first round of Aboriginal Coordinated Care Trials. This program is being implemented in collaboration with the framework agreement partners and involves both Commonwealth and the relevant State and Territory Government resource commitment.

Recommendation 2

Australian Governments continue in their earnest attempts to conclude a meaningful reconciliation with Indigenous Australians.

The Government accepts this recommendation.

Since coming to office, the Government has been committed to meaningful and practical reconciliation with Indigenous Australians. Of key importance in this process is addressing the high levels of disadvantage experienced by Aboriginal and Torres Strait Islander peoples in the important areas of health, education, employment, housing and infrastructure.

Over the last nine years, the Commonwealth has engaged the Council for Aboriginal Reconciliation as a partner in the reconciliation process. The Government has committed itself to continuing the reconciliation process beyond the life of the Council for Aboriginal Reconciliation, which ceased on 1 January 2001 and was replaced by Reconciliation Australia.

The Government welcomes the bipartisan nature of this renewed commitment to the reconciliation process and believes that any real improvement in health outcomes must also address the broader social and cultural disadvantages still faced by Aboriginal and Torres Strait Islander people.

Recommendation 3

Consistent with international experience Australian Governments must recognise the need to commit adequate resources, including to community controlled primary health care and environmental health services.

The Commonwealth accepts this recommendation.

The Government has made a significant commitment in successive budgets to increase the resources for health service delivery through the Office for Aboriginal and Torres Strait Islander Health (OATSIH) in the Commonwealth Department of Health and Aged Care. Since 1996, funding has been increased by more than 50 per cent in real terms to a projected \$211 million in 2002-03. A significant proportion of this funding has been for primary health care and provided through the community controlled sector.

In addition, funding access to mainstream Commonwealth health systems and programs is being improved. The arrangements under s100 of the *National Health Act* allow community controlled health services in remote areas to provide pharmaceuticals at the time of consultation at no charge. This has been extended to the Northern Territory Government Aboriginal health clinics and negotiations are under way with other states.

Arrangements are in place for community controlled health services to increase their access to Medicare through arrangements under s19(2) of the *Health Insurance Act 1974*. These arrangements allow Aboriginal Medical Services (AMS's) to direct bill under the Medicare Benefits Scheme (MBS) after making arrangements with their salaried doctors. In 1998-99

these arrangements provided an additional \$4.8 million to the AMS's participating in these arrangements (and a further \$2.8 million in referrals to other services charged in the MBS). The Health Insurance Commission has developed streamlined Medicare enrolment and billing arrangements to improve access to Medicare and to facilitate claiming by community controlled services.

Enhanced primary health care items have been introduced to the MBS Schedule that provide a Medicare benefit for voluntary health assessments for older people. For Aboriginal and Torres Strait Islander people this includes people 55 years and over (whereas the general MBS item is available for people aged 75 and over). The new items also include care planning and case conferencing items to facilitate care coordination, and are available to people of any age who have chronic conditions requiring multi-disciplinary care. These items are a significant opportunity to target better care towards Aboriginal and Torres Strait Islander peoples.

Current community controlled service providers have been better able to access funding available through the Commonwealth mainstream health programs such as funding for chronic disease self management, illicit drugs strategy, suicide reduction, nutrition and general practice programs.

The Commonwealth role in environmental health focuses on strategic direction at a national level, whilst the State, Territory and local governments have direct responsibility for the management of environmental health and public health activities as described by their relevant Public Health Acts. ATSIC also provides environmental health and infrastructure programs targeting remote and disadvantaged communities which supplements those of States and Territories. ATSIC's Community Infrastructure and Municipal Services outputs are delivered under a number of programs, particularly the National Aboriginal Health Strategy (NAHS) program. Environmental health activity is highly intersectoral, embracing a broad range of subjects and stakeholders. This means that effective partnerships are essential and that such an approach provides a more holistic view of health.

The ATSIC environmental health program has greatly improved water, sewerage and other essential services in more than 140 communities across Australia.

A further \$20 million has been allocated to continue the Army/ATSIC Community Assistance Program (AACAP) as part of a coordinated approach to the provision of environmental and health infrastructure to remote Aboriginal and Torres Strait Islander communities. Work undertaken through AACAP include improvements to water, sewerage and power systems, the construction and upgrade of community facilities and housing, and improvements to roads and airstrips.

Recommendation 4

The Commonwealth take a more active role in the planning, delivery and monitoring of health and related services for Indigenous Australians, if progress is to be made in improving Indigenous health. This role will need to be formalised in agreements with the States, Territories and communities.

The Government accepts this recommendation in principle because it considers that it is already taking an active role in this area through partnership arrangements.

The Government recognises the importance of planning, delivery and monitoring of health and health related services. The Agreements on Aboriginal and Torres Strait Islander Health (Framework Agreements) in each jurisdiction signed by the Commonwealth, State and Territory Governments, ATSIC and the Aboriginal community controlled health sector commit the parties to:

- Increasing resources allocated to reflect the level of need;
- Joint planning;
- Access to both mainstream and Aboriginal and Torres Strait Islander specific health and health related services which reflect their higher level of need; and
- Data collection and evaluation.

Under these partnership arrangements, two mechanisms have been established to enhance planning, delivery and monitoring of health and related services for Indigenous Australians. These are:

- At the National level, the establishment of the National Aboriginal and Torres Strait Islander Health Council (discussed in further detail in the Government's response to recommendation five, page 8); and
- At the State and Territory level, the establishment of health forums that includes representation from the Commonwealth, State/Territory Government, ATSIC and the NACCHO affiliate. The role of the forums is to contribute to policy and planning development and to evaluate the implementation of the Framework Agreement in that jurisdiction.

All signatories to the Framework Agreements report annually to the Australian Health Ministers' Conference on progress in implementing commitments made under the Framework Agreements. This reporting includes at a minimum:

- “(a) funding for community controlled health services;
- (b) improved outcomes for mainstream services; and
- (c) linkages between community controlled and mainstream services including innovation in the coordination of care.”

The National Performance Indicators and Targets on Aboriginal and Torres Strait Islander health, endorsed by the Australian Health Ministers' Conference (AHMC) in 1997, are reported on annually by State, Territory and Commonwealth Governments. These indicators provide a capacity for all governments to monitor efforts and progress towards improving Aboriginal and Torres Strait Islander peoples' health.

Recommendation 5

The Commonwealth establish an independent National Council for Indigenous Health Affairs to stimulate and advise on the coordination of programs across all portfolios and all levels of government in order to improve the health and welfare of Indigenous Australians.

This National Council comprise a panel of experts in all fields that impact on Indigenous health and well-being, including Indigenous representation, and be provided with relevant statutory powers and adequate resources to be effective.

The Council, in conjunction with the Australian Bureau of Statistics and other relevant portfolios establish baseline measures, across all areas which impact on Indigenous health, and against which progress in improving the health of the Indigenous population might be measured over time.

The Council report regularly to the Prime Minister and annually to the Parliament about its activities, and about progress in improving Indigenous health.

The Government believes that the proposed role and responsibility is already fulfilled by the National Aboriginal and Torres Strait Islander Health Council, and therefore does not accept this recommendation.

A National Aboriginal and Torres Strait Islander Health Council was established under the Framework Agreements on Aboriginal and Torres Strait Islander Health (discussed at Government's response to recommendation one, page 4). The Council includes representation from the National Aboriginal Community Controlled Health Organisation (NACCHO), the Commonwealth Department of Health and Aged Care, the Australian Health Ministers' Conference (AHMC) through its Advisory Council (AHMAC), ATSIC, the Torres Strait Regional Authority, Indigenous health experts appointed by the Commonwealth Minister for Health and Aged Care, and the National Health and Medical Research Council (NHMRC). The role of this Council is to advise the Commonwealth Minister for Health and Aged Care on Aboriginal and Torres Strait Islander health policy and planning and to monitor the national implementation of the agreements.

A sound performance information system is necessary for governments and communities to establish baselines against which improvements can be measured, and to know where to focus their efforts to drive improved performance. Therefore, at its meeting on 3 November 2000, the Council of Australian Governments agreed that over the next 12 months, ministerial councils will develop Indigenous action plans, performance monitoring strategies, and benchmarks. In many ways, these will aim to extend the successful work of the Australian Health Ministers' Conference, and its development of the National Aboriginal and Torres Strait Islander Health Performance Indicators and Targets, to other Ministerial Councils.

The Commonwealth has taken a leadership and coordination role in the development and implementation of the National Aboriginal and Torres Strait Islander Health Performance Indicators and Targets, and has funded publication of the first national report as well as the refinement of the indicators, which is yet to be finalised. This work is being progressed through AHMAC.

The development of performance indicators and other baseline information for an assessment of progress over time would be a substantial undertaking and the scope of such a project would need to be clearly defined. A number of other data developments are in progress and are described in the Government's response to recommendations 33 and 34 (pages 37-39).

Recommendation 6

In recognition of the need for the Commonwealth to play a leadership role in improving the health and well-being of Indigenous Australians the Commonwealth Government, ensures:

- The Minister for Aboriginal and Torres Strait Islander Affairs is given responsibility for oversight of the Commonwealth's efforts across all portfolios, and that, in recognition of the importance of this role, that the Minister also be included as a member of the Cabinet;
- It be a requirement that all new policy proposals to be considered by Cabinet include a statement about the likely impact of that proposal on Indigenous health and well-being;
- Such statements are developed by the relevant portfolio, in conjunction with both the Department of Health and Aged Care and the Aboriginal and Torres Strait Islander Commission;
- The Minister for Aboriginal and Torres Strait Islander Affairs reports annually to Parliament on the Government's progress with improving the health and well-being of Indigenous Australians; and
- This issue is included as a standing item for all future meetings of the Council of Australian Governments.

The Government notes this recommendation.

Issues of ministerial responsibility and Cabinet operation, including its membership and processes, are matters for the Prime Minister. The Minister for Reconciliation and Aboriginal and Torres Strait Islander Affairs is a member of Cabinet.

The Minister for Reconciliation and Aboriginal and Torres Strait Islander Affairs has the key role in coordinating programs and services for Indigenous people, both across Commonwealth portfolios, and through the activities of the Ministerial Council for Aboriginal and Torres Strait Islander Affairs, with State and Territory Governments. In addition, the *Aboriginal and Torres Strait Islander Commission Act 1989* gives ATSIC an important role in coordinating the activities of government departments and agencies. However, line department Ministers are responsible for administration and reporting on specific portfolios. Accordingly, responsibility for progressing measures to improve the health and well-being of Indigenous Australians will remain with the Minister for Health and Aged Care.

The Government has decided that all Portfolio Ministers will review their own programs or services. These reviews will consider the extent to which program guidelines allow for flexible local community responses, and the extent to which their programs are integrated with the range of other Federal, State and local Government programs at the local community level. It is important that Commonwealth staff and funded agencies are working together, as well as with ATSIC and State and local Government colleagues, and with local Indigenous communities, to address the complex issues faced by Indigenous people.

The Agenda for the Council of Australian Governments (COAG) is determined by all members of that Council. The Council's agenda does not normally include standing items

but rather contains specific agenda items as and when the Council needs to consider them. At its 3 November 2000 meeting, COAG agreed that it would review its progress in advancing reconciliation in 12 months, and then periodically thereafter. Aboriginal and Torres Strait Islander health is a standing item for the annual AHMC and quarterly meetings of AHMAC.

All jurisdictions (including the Commonwealth) report annually on progress made in improving the health of Aboriginal and Torres Strait Islander people. One report is the annual report to the AHMC on progress made under the Framework Agreements on Aboriginal and Torres Strait Islander health and another is the annual report on the National Aboriginal and Torres Strait Islander Health Performance Indicators and Targets. Both these reports are made public (for more details refer to the Government's response to recommendations 33 and 34, pages 37-39).

All departments funding programs or service for Indigenous Australians must report on their activities to Parliament through their portfolio Annual Reports.

Chapter 2 – Improving the coordination, planning and delivery of health services

Recommendation 7

The Commonwealth ensure that the provisions of the Framework Agreements are incorporated into the next Health Care Agreements to be negotiated with the States and Territories, to ensure that there is a more direct link between:

- The Commonwealth's funding for Indigenous health, both direct and indirect;
- The Commonwealth's national policy role, including the expanded role for the Commonwealth envisaged by the Committee;
- The States and Territories service delivery roles; and
- The role of the community controlled services.

The Government accepts this recommendation in principle as the current Australian Health Care Agreements (AHCA), in clause 18, state that the parties will implement the AHCA's consistent with the principles of the Framework Agreements.

Recommendation 8

In conjunction with the Indigenous community over the next two years, the Commonwealth develop a revised approach to funding primary health care services for Indigenous Australians, based on:

- The use of funds pooling at a regional level, determined by reference to a nominal per person Medicare Benefits Schedule (MBS)/Pharmaceutical Benefits Scheme (PBS) contribution, which takes into account not only the national average costs of MBS/PBS usage by non-Indigenous Australians, but should also be weighted for the higher costs of servicing specific communities and the poorer health status of Indigenous Australians;
- The combination of these funds with an amount from the State or Territory, representing the cost of hospital and other health services; and
- The Community to be supported in taking responsibility for these funds and determining the use of the funds pool in delivering services to the community which best meet the health needs of each community.

The Government notes this recommendation. While the Government supports the principle of equitable access commensurate with need and costs of delivery, it also recognises that there are a variety of ways to achieve this depending on local circumstances and the need to address practical constraints to its implementation.

The Government is continuing to work in partnership with key stakeholders on the development and evaluation of health financing arrangements to ensure that these facilitate the provision of quality comprehensive primary health care services to meet the needs of Aboriginal and Torres Strait Islander people.

Lessons from work in areas such as the Aboriginal Coordinated Care Trials, the development of Regional Plans and the development and implementation of the Primary Health Care Access Program (PHCAP) will help inform the development of future funding arrangements.

The draft findings of the national evaluation of the Aboriginal Coordinated Care Trials were released in January 2001 and a second round of Coordinated Care Trials is under development. Regional planning is nearing completion across the country and is already finalised in some areas.

The PHCAP was announced in the 1999-2000 Budget and provides \$78 million over four years to expand comprehensive primary health care services in some areas where priorities have been identified through the first round of Aboriginal Coordinated Care Trials or through completed joint regional planning. The program requires both Commonwealth and State and Territory Government funding contributions and utilises pooling arrangements where appropriate. The Commonwealth contribution through the PHCAP is based on a capitation model, which takes into account of a number of factors including MBS average funding levels, the higher morbidity of Aboriginal and Torres Strait Islander people and the higher cost of service delivery in remote areas. The program assists communities to develop local solutions that best meet the needs and circumstances of the community.

Chapter 3 – Indigenous health services and community control

Recommendation 9

Over the next twelve months, in conjunction with the National Aboriginal Community Controlled Health Organisation, the Commonwealth Department of Health and Aged Care:

- Develop a mechanism for the accreditation of all Indigenous Health Services, including development of arrangements for collection of appropriate data;
- Undertake a systematic review of the level of services currently provided by the Aboriginal Medical Services funded through the Department;
- Seek independent, professional advice on the overall level of resources required to provide those services to a professional and accredited standard including, where applicable, the higher costs associated with attracting professional staff to work in the area of Indigenous health; and
- Ensure that funding commensurate with those needs is provided to accredited services.

The Government accepts this recommendation in principle.

The Government accepts the need to improve quality of services subject to the development of mechanisms for implementation.

The Government supports ongoing quality improvement of health services to Indigenous Australians. However, it is likely that many AMS's would require assistance in developing their capacity to meet accreditation standards. This will take some time.

There is currently a trial of an Indigenous health service assessment tool occurring in Western Australia. This will be evaluated in 2001 and if validated could become the basis of accreditation of Indigenous health services.

In addition there are accreditation opportunities for the general practice aspect of AMS's. Currently 20 AMS's have registered for general practice accreditation and there are up to 50 more AMS's eligible for accreditation by this mechanism. It is expected that those AMS's which have registered for general practice accreditation will successfully achieve this by the end of 2001.

The recommendation refers to all Indigenous health services which suggests state services as well. This will require a process that is inclusive and not solely a Commonwealth responsibility. Therefore, a longer timeframe would be required to achieve accreditation of all Indigenous health services.

The Commonwealth Department of Health and Aged Care has used data from the Service Activity Report, jointly developed with NACCHO, to identify resource gaps within existing services. This data complements and enhances the regional planning process. Further funding requirements arising from an accreditation framework will need to be considered within available funding for the Aboriginal health program.

The PHCAP initiative introduced in the 1999-2000 Budget has developed a framework for funding which sets a Commonwealth benchmark based on MBS which acknowledges the higher levels of morbidity and the higher costs of providing services in remote areas. The PHCAP draws heavily on the work in partnership with NACCHO and the NACCHO affiliates.

Whilst the information available to consider an appropriate benchmark is limited (as Aboriginal and Torres Strait Islander people are not identified in major databases) the development work leading to the PHCAP consider the available literature as well as undertaking modelling considering mortality, morbidity, remoteness, MBS data and staffing to population ratios. As noted in the Inquiry Report 'Health is Life' Professor Deeble has done some work for the Australian Medical Association on the funds required nationally to achieve equity of access for Indigenous people. The Commonwealth benchmark determined in the PHCAP for planning purposes is consistent with Professor Deeble's work.

The Commonwealth is currently working on a project that will consider the cost of providing comprehensive primary health care services and will progress this work over the next few years in conjunction with consultants, a panel of experts and in consultation with NACCHO and State Government health experts.

Recommendation 10

Where the proposed changes in regional planning arrangements result in community agreement for the Aboriginal Medical Service to undertake additional services, the Aboriginal Medical Service should not be financially disadvantaged in its agreement to undertake additional services.

The Government accepts this recommendation in principle.

Where additional funding is available for additional service needs identified through regional planning then this would be paid to the service provider. However, where additional funding is not available, and the community identifies a specific health need and requests an AMS to provide these services, for which it is not funded to provide, the AMS must make difficult decisions about the priority it accords to the delivery of these, rather than the existing suite of services.

Recommendation 11

The Commonwealth support increased community control of health services for Indigenous communities. The community has a responsibility to determine the nature of that control. There needs to be flexibility in arrangements to ensure that each community is able to have the services which best meet their needs within a broader accreditation process.

The implementation of this position should be facilitated as part of the revised regional planning process over the next two years.

The Government accepts this recommendation.

The Commonwealth Government has pursued this principle through funding community controlled services and has also ensured that it has been included in the development of the National Aboriginal and Torres Strait Islander Performance Indicators (endorsed for annual reporting by all jurisdictions by Health Ministers in 1997) and reported on in 1998. These performance measures include an indicator specifically addressing the level of community control of services for Indigenous communities. All jurisdictions report on the number of primary health care services provided that are delivered through a community control model.

The Commonwealth supports increased community control in primary health care planning and delivery and acknowledges that this can take different forms. All OATSIH funding programs aim to maximise community participation, influence and where desired by the community, control of funds and/or service delivery. This commitment is reflected in the requirements for local planning in those areas where PHCAP is being implemented. The planning process requires community involvement in planning for expanded health services. OATSIH proposes to develop options to optimise community control, taking into account the level of interest a community may have in assuming a planning role, their desired pace for planning to proceed and their capacity to undertake enhanced management and control.

The Commonwealth has consistently increased direct funding for health service grants to the community controlled sector from \$88.5 million in 1996-97 (77 per cent of total outlays for Indigenous health), to more than \$137 million (83 per cent of total Indigenous specific outlays for Indigenous health).

Recommendation 12

The Commonwealth, States and Territories recognise that the community controlled sector has a legitimate role to play in representing the views of the Indigenous community as they relate to health matters. They should be assisted in every way to actively participate as equal partners in the planning and delivery of health services for Indigenous Australians.

The Government accepts this recommendation.

Since the 1970's the Commonwealth Government has taken on the role as the major funding provider for Aboriginal community controlled health services. In 1999-2000 the Commonwealth provided \$137.4 million in direct grant funding to 195 Aboriginal community controlled health and health related services (this includes funding for substance misuse services).

In 1995 when the Commonwealth first proposed the signing of agreements on Aboriginal and Torres Strait Islander health with the State and Territory Governments, ATSIC and the Aboriginal community controlled health sector it did so for two main reasons. The first was to provide a forum or avenue for the community sector to be involved in policy development and planning for Aboriginal and Torres Strait Islander health and health related services. The second purpose was to encourage the mainstream health sector to become more involved in the provision of health and health related services for Aboriginal and Torres Strait Islander people.

As a result of the agreements, the Aboriginal community controlled health sector is a partner on each of the State and Territory based regional planning forums established in each jurisdiction. It also has equal representation with the other parties on the National Aboriginal and Torres Strait Islander Health Council (the role of the Council is discussed in further detail in the Government's response to recommendation 5, page 8).

In addition, under the agreements on Aboriginal and Torres Strait Islander health the State and Territory Governments agree to provide annual funding to the State and Territory based NACCHO affiliates. The affiliates are regional peak bodies representing most Aboriginal community controlled health services. The Commonwealth provides annual funding to NACCHO.

Recommendation 13

The Aboriginal and Torres Strait Islander Commission provide advice to the Minister for Aboriginal and Torres Strait Islander Affairs, within six months, on possible mechanisms to improve the level of management support provided to Indigenous organisations, including mechanisms to improve the way funding bodies respond when organisations get into financial difficulties.

Subject to formal agreement with ATSIC, the Government accepts this recommendation.

The Commonwealth will ask ATSIC to undertake the task of providing advice to the Minister for Reconciliation and Aboriginal and Torres Strait Islander Affairs, on possible mechanisms to improve the level of management support provided to Indigenous organisations, including mechanisms to improve the way funding bodies respond when organisations encounter financial difficulties. The Government suggests that a timeframe of 12 months for this first report would be more realistic.

With respect to health services funded by the Commonwealth, the Commonwealth Department of Health and Aged Care currently funds a program that aims to provide management support and development services to Commonwealth funded AMS's. Funding is currently \$1.6 million per annum. Targeting AMS's Boards of Management and Chief Executive Officers, the program focus is being shifted more towards a proactive management development approach. Over time this will strengthen management capability in the Commonwealth funded sector.

Chapter 4 – Improving housing and infrastructure services

Recommendation 14

In the first annual report to Parliament the Minister for Aboriginal and Torres Strait Islander Affairs pay particular attention to the outcome of the recent Australian Bureau of Statistics' Community Housing and Infrastructure Needs Survey. It will report on a strategy to enable the Aboriginal and Torres Strait Islander Commission to address the backlog of need identified in the survey, in conjunction with the States and Territories within the next five years.

The Government notes this recommendation within the context of its response to Recommendation 6.

The Government has, in consultation with ATSIC and other Commonwealth agencies, been considering different ways to better coordinate and deliver Commonwealth housing and infrastructure programs to Indigenous people, including a longer term planning framework. Such a plan would include more effective asset management strategies.

Recommendation 15

All future capital infrastructure programs identify an associated and ongoing allowance for the adequate and continued maintenance of the facilities concerned.

Such maintenance programs are wherever possible undertaken by the community concerned and make appropriate provision for differing cultural requirements which might impact of the viability of community infrastructure.

The Government accepts this recommendation in principle, and will consider it within the context of the response to recommendation 14.

The Commonwealth Department of Family and Community Services (FaCS), in conjunction with ATSIC and State and Territory Governments, already has some strategies and products in place which address this recommendation. These are outlined below:

Indigenous housing bilateral agreements provide a framework for Commonwealth, State and Territory Governments to share responsibility for improving planning, coordination and delivery of Indigenous housing and related infrastructure programs. This was noted in *Health is Life*. Agreements have been signed with four State and Territory Governments, and with the Torres Strait region. Negotiations are continuing with the other states and territory. In conjunction with bilateral agreements, several states have established Indigenous housing authorities to make decisions about policy and service delivery to Indigenous people.

Recent research shows that Indigenous community housing organisations require recurrent funding to manage and maintain their houses successfully. In line with this, FaCS

encourages states and territories to use the Aboriginal Rental Housing Program funds for provision of health-related housing infrastructure, and maintenance and upgrading of stock, as well as for the construction or purchase of new houses. The Commonwealth and ATSIC will also investigate other options for operational funding for Indigenous community housing organisations.

Housing Ministers have previously acknowledged the nexus between better housing and related infrastructure and improved health outcomes for Indigenous Australians, and resolved to give priority to housing maintenance, including water and waste disposal, and to improve program coordination. Products developed by the Commonwealth State Working Group on Indigenous Housing (CSWGIH) to implement Ministers' resolutions include:

- the *National Framework for the Design, Construction and Maintenance of Indigenous Housing* and the companion *National Indigenous Housing Guide*, which is a practical tool to ensure that housing related infrastructure is safe and functional;
- asset management principles, practical guide and video (all nearing completion) to assist Indigenous community housing organisations improve the management (including repairs and maintenance) of their housing stock; and
- a *National Skills Development Strategy for Indigenous Community Housing Management* that will increase the involvement of Indigenous people in housing management and maintenance and improve the long-term viability of Indigenous community housing organisations. The strategy has not yet been implemented nationally, but several states have implemented some components.

Recommendation 16

The Aboriginal and Torres Strait Islander Commission consult with the Department of Education, Training and Youth Affairs, the Australian National Training Authority, and with relevant State and Territory Authorities to develop, within two years:

- Innovative approaches to support the training of community members in the basic and ongoing maintenance of community facilities; and
- Mechanisms to upgrade the training over time to trade qualifications.

The Government, subject to formal agreement with ATSIC, accepts this recommendation in principle noting that responsibility for implementation rests with State and Territory Governments.

At the national level, this is not ATSIC's responsibility. Rather, the Commonwealth Department of Education, Training and Youth Affairs (DETYA) has primary responsibility in collaboration with the Australian National Training Authority (ANTA).

Environmental Health Workers are an important group within the health system who work at the ground level in fostering improvements and maintaining environmental health conditions within many Indigenous communities. Environmental Health Workers are skilled people who work and live within their communities. Currently, ATSIC, DETYA and ANTA have a limited role in the training of Environmental Health Workers.

The need for those who have responsibility for environmental health in their communities to be involved in decision making was identified by Indigenous Environmental Health Workers

at the National Indigenous Environmental Health Workshop, Broome, May 1999. This led to the formation of the National Indigenous Environmental Health Forum (NIEHF).

The NIEHF is a reference group formed under the enHealth Council¹. The role of the NIEHF is to provide advice to the enHealth Council on Indigenous environmental health issues, and will report and make recommendations to the enHealth Council on issues impacting on Indigenous environmental health.

The ANTA has taken action to address the issues relating to Indigenous vocational education and training. The Aboriginal and Torres Strait Islander Peoples Training Advisory Council prepared a national strategy for Indigenous Vocational Education and Training (VET) called "Partners in a Learning Culture". This strategy was developed in 1999 for the ANTA Board. In June 1999, the ANTA Board appointed a high-level task force to complete a blueprint for implementing the strategy. The taskforce comprised members of the relevant stakeholder groups including DETYA, the Commonwealth Department of Employment, Workplace Relations and Small Business (DEWRSB) and ATSIC.

The blueprint was presented to the ANTA Ministerial Council on 30 June 2000. The strategies outlined in the blueprint will ensure that vocational education and training is accessible to Indigenous Australians. Of particular relevance to the issues raised by the Inquiry report are the strategies that address Indigenous VET in rural and remote areas. These include strategies relating to training for Community Development and Employment Projects (CDEP) participants and infrastructure development. Work will be undertaken to ensure that training package development takes account of the specific needs of Indigenous people and that training delivery can be culturally appropriate.

As part of monitoring the implementation of the blueprint, a national Indigenous VET Implementation Advisory Committee will be appointed by the ANTA Board. The committee membership will be similar to that of the national taskforce mentioned above with members of relevant stakeholder groups and representatives of the Indigenous community.

This recommendation could be progressed as part of the blueprint's implementation. However, the delivery of vocational education and training is the responsibility of State and Territory Governments.

The CSWGIH's *National Skills Development Strategy for Indigenous Community Housing Management* aims to deliver the skills needed by Indigenous community housing organisations to achieve a basic level of competency in housing management, and to set up systems and processes to maintain skills development. The skills areas covered by the strategy are planning and budgeting for housing activities, employing staff, asset management including repairs and maintenance, tenancy management and administration.

¹ The enHealth Council was established under the National Public Health Partnership to provide national leadership on environmental health issues, set priorities, coordinate national policies and programs and provide a pivotal link between international fora and environmental health stakeholders in Australia. It is also responsible for the implementation of the National Environmental Health Strategy.

Recommendation 17

In view of the importance of potable water to the health and well-being of Indigenous communities:

- The Aboriginal and Torres Strait Islander Commission provide advice to the Minister for Aboriginal and Torres Strait Islander Affairs, within six months, of the costs of providing adequate water, within three years, to all the communities where water supplies do not meet national standards, including those for which no testing has been undertaken; and
- The Minister's annual report to Parliament provide advice about the Government's plans to address these outstanding needs.

The Government accepts the importance of providing potable water to all Indigenous communities. As noted in response to Recommendation 14, page 18, the Government has, in consultation with ATSIC and other agencies, been considering different ways to better coordinate and deliver housing and infrastructure for Indigenous people.

The Commonwealth will ask ATSIC to provide advice to the Minister for Reconciliation and Aboriginal and Torres Strait Islander Affairs, on the cost of providing adequate water, within three years, to all the communities where water supplies do not meet national standards, including those for which no testing has been undertaken. However, 12 months would be a more realistic timeframe to provide this information.

Once this report is complete, the Minister for Reconciliation and Aboriginal and Torres Strait Islander Affairs will provide this information to Parliament.

The issue of potable water should not only be considered in terms of adequacy but also in terms of safety and supply.

Work by the Commonwealth Department of Health and Aged Care and the enHealth Council is being undertaken in remote Indigenous communities on developing the capacity of community members to monitor faecal coliforms in drinking water. Community members are supported and trained in managing the information obtained as well as in implementing remedial action. Activities such as this need to be considered and where possible coordinated to ensure the best and most sustainable outcomes in terms of managing water quality, safety and supply.

The National Environmental Health Strategy (NEHS) recognises the impact that poor drinking water supplies (quality and quantity) has in many remote and rural communities and is supported by a number of national studies and through the work undertaken by the States and Territories.

The provision of safe drinking water was identified in the NEHS as a priority environmental health issue; with the key area of focus being the need to improve water supplies in many rural and remote communities. In line with the NEHS and the establishment of the enHealth Council, the Australian Health Ministers Advisory Council and the National Public Health Partnership Group have charged the enHealth Council with responsibility for advising on water quality issues nationally.

In recognition of this the Commonwealth Department of Health and Aged Care in partnership with the Bureau of Rural Sciences has commenced work on a National Inventory of Rural and Remote Community Water Supplies. A steering group under the enHealth Council will lead the project including experts and scientific staff from ATSIC and the states and territories. This project will support the development of a risk assessment framework for improving potable supplies in non-urban communities.

The inventory will provide more qualitative information about potable water supplies in non-urban communities. A broad health risk assessment can then be conducted to determine relative risks and needed improvements, followed by determination of priority actions to bring about the needed improvements.

Recommendation 18

The Commonwealth Department of Transport review the current funding arrangements for roads and provide advice to the Minister for Aboriginal and Torres Strait Islander Affairs, within six months, about possible mechanisms to ensure that the responsible authorities are providing an adequate service to Indigenous communities.

The Government notes this recommendation.

The Commonwealth government's road responsibilities extend only to the defined National Highway and selected Roads of National Importance. The Minister for Transport and Regional Services is responsible for this matter, not the Minister for Reconciliation and Aboriginal and Torres Strait Islander Affairs. The Government has recently reviewed its road responsibilities in its response to the Report of the House of Representatives Standing Committee on Transport, Communications and Microeconomic Reform on road funding, "*Planning not Patching*", and decided not to change the current arrangements.

The Commonwealth also provides untied funding to local governments (this includes Aboriginal communities deemed local government authorities) identified for expenditure on local roads. These funds are untied in the hands of the local government concerned and so expenditure is at its discretion.

The local road funding arrangements are currently under review by the Commonwealth Grants Commission as part of its review of the *Local Government (Financial Assistance) Act 1995*. The Commission will release a draft report in December 2000 and the final report is expected in June 2001.

On 27 November 2000 the Government announced a \$1.2 billion Roads to Recovery program. This is of relevance to local governments, including those with Indigenous communities. Local government bodies in the Northern Territory, for example, will receive an additional \$20 million for local road infrastructure.

The Commonwealth Department of Transport and Regional Services is closely involved with two initiatives concerning the operation of aerodromes servicing remote Indigenous communities in Australia: the National Task Force on Aerodromes Servicing Remote Indigenous Communities and the Safety Inspection of Aerodromes Servicing Remote Indigenous Communities. The Department of Transport and Regional Services also operates

the Remote Air Service Subsidy Scheme which subsidises air operators to service specified remote ports.

It should be noted that under COAG the Productivity Commission has a role to ensure reporting occurs.

Recommendation 19

The Commonwealth Grants Commission report to the Minister for Aboriginal and Torres Strait Islander Affairs on:

- Mechanisms to ensure there is a more transparent process for fiscal equalisation relative to the factors related to adjustments for Indigenous citizens as part of the allocation of Goods and Services Tax funding to the States and Territories; and
- Ways to improve reporting by States and Territories on the use of those funds for Indigenous citizens.

The Government notes this recommendation.

The Commonwealth Grants Commission has finalised its inquiry into the distribution of Commonwealth funding for programs that affect Aboriginal and Torres Strait Islander peoples. The outcomes of the inquiry will assist the Commonwealth to target resources more effectively to the areas of greatest need.

Among other things, the Terms of Reference for the inquiry asked the Commission to take account of an interaction between the recommendations of the inquiry, the level of expenditure by the States and Territories on Indigenous Australians and the distribution of Commonwealth funding to the States and Territories.

Chapter 5 – Cultural, educational and employment issues as they relate to health

Recommendation 20

The Commonwealth provide additional resources to ensure that within two years all Indigenous children are able to be monitored for ear disease on a regular basis from birth, and to allow the hearing ability of all Indigenous children to be tested by the age of three years.

That the progress of all health services, including State and Territory health services, in this regard should be monitored and that the services' capacity to undertake these tasks should form part of the criteria for accreditation.

The Government notes this recommendation.

The Government recognises that ear disease is an important health issue for Indigenous children and is addressing this through its support of primary health care routinely delivered through the Aboriginal Community Controlled Health Service network. The vast majority of screening of children for ear disease takes place within this context. Moreover, in recognition of the importance of ear disease, particularly in young children, the Commonwealth Department of Health and Aged Care has implemented the National Aboriginal and Torres Strait Islander Hearing Strategy. This strategy is specifically targeted at the 0-5 age group and has four components:

- Recurrent funding of approximately \$1.34 million to 29 Aboriginal Community Controlled Health Services to conduct a hearing program for infants and children 0-5 years;
- The supply of audiometric equipment to the national network of approximately 120 AMS's, and the provision of training to Aboriginal Health Workers in screening for otitis media and hearing loss, and case management;
- A capital works program to improve access to sound proof rooms; and
- Strategic research.

Through the strategic research component the Commonwealth Department of Health and Aged Care is encouraging evidence based practice. For example, clinical care guidelines have been developed to inform and standardise clinical management of otitis media at the service level.

It is important to note that the provision of comprehensive hearing health care, including primary health care and screening, specialist Ear, Nose and Throat and audiological services, is a shared Commonwealth, State, Territory and professional responsibility. An underlying goal of the strategy has been to build strong partnerships between key stakeholders with the view to improving coordination and access to the full range of hearing services.

The effectiveness of the strategy in meeting policy and clinical management objectives relating to otitis media is currently being evaluated. The Review of Hearing Services to

Aboriginal and Torres Strait Islander people among other things will investigate the extent and effectiveness of linkages between the Commonwealth and relevant State/Territory Governments in the supply of hearing health services as well as provide conclusions to inform future strategies for improving the hearing health status of Aboriginal and Torres Strait Islander people. It is envisaged that any proposed move toward accreditation will include a focus on hearing health.

Recommendation 21

Within two years, the Minister for Health and Aged Care and the Minister for Aboriginal and Torres Strait Islander Affairs, in conjunction with other Ministers, develop performance measures for each Commonwealth Department that reflect Indigenous cultural perspectives and are able to highlight the impact on Indigenous health of specific policies and programs.

The Australian Health Ministers Conference' develop linkages with other relevant Ministerial Councils to ensure the States and Territories develop a similar approach to bringing the importance of cultural values and the impact on health and well-being of activities in those non-health areas to the attention of other sectors.

The Government notes this recommendation.

The Government is however, not aware of evidence that would suggest that the development of more specific indicators would add commensurate value to what is already been done.

The *Aboriginal and Torres Strait Islander Commission Act 1989* gives ATSIC broad powers to monitor the effectiveness of programs for Aboriginal and Torres Strait Islander people. This includes programs developed by other Commonwealth Government agencies.

The Commonwealth Department of Health and Aged Care, in conjunction with other State and Territory Government Health Departments report annually on National Performance Indicators and Targets.

The Commonwealth's Indigenous Education Strategic Initiatives Program (IESIP), administered by DETYA, is directed at achieving the 21 goals of the National Aboriginal and Torres Strait Islander Education Policy. In the context of these goals, the Commonwealth aims to improve the quality of education and improved learning outcomes of Indigenous students.

Chapter 6 – Other important health issues

Recommendation 21b

The Aboriginal and Torres Strait Islander Commission report to the Minister for Aboriginal and Torres Strait Islander Affairs, within the next six months, on:

- A series of pilot programs to trial alternative innovative strategies to encourage the supply and consumption of fresh fruit, vegetable and meat in remote communities; and
- Mechanisms to monitor the new arrangements to ensure that any cost savings are passed on to consumers.

The Government notes this recommendation.

The Government believes that this issue needs to be tackled at the community level and is facilitating this through promoting awareness and funding some pilot programs.

The Commonwealth Department of Family and Community Services has two projects that support recommendations 21, 22 and 23. The first is a community stores project in the Anangu Pitjantjatjara lands in South Australia, funded under the Family and Community Networks Initiative. The project focuses on improving the nutrition of Indigenous people through improving the functioning of stores (eg, stocking fresh food at affordable prices). The project plans to train and employ eight Aboriginal nutrition workers and 15 trainee store workers over a three-year period.

A number of other Commonwealth departments are involved in the project including Health and Aged Care, Transport and Regional Services, DEWRSB, DETYA, ATSIC and the South Australian Department of Human Services. It is anticipated other departments will become involved as the project develops.

The second project, commissioned in partnership between the Commonwealth Departments of Family and Community Services and Health and Aged Care, is research and manufacture of a prototype kitchen based on *National Indigenous Housing Guide* specifications. Healthabitat is the consultant. The project, to be trialed in two discrete locations, will use innovative health hardware (appliances, new and emerging materials, etc) and will be evaluated over a twelve-month period. The project outcome will be a kitchen design that enables Indigenous people to store, prepare and cook food in accordance with healthy living practices.

Nutrition projects would also be considered under the *Stronger Families and Communities Strategy* that allows flexible use of funds to address social and economic needs identified by families and communities.

Other work being undertaken by the Commonwealth in this area includes:

The National Child Nutrition Program, publicly launched in December 1999, is a community based grants program providing funding of \$15 million over three years. It is aimed at boosting child nutrition in partnership with local organisations or businesses, to develop innovative projects to improve the nutrition of pregnant women and children. The NCNP is

being progressed in two stages – the first stage was a general round and open to all eligible organisations. The funding priorities included communities with high needs such as Aboriginal and Torres Strait Islander Communities, rural and remote Australians, and communities with social and economic disadvantage. The second stage is specifically targeted to Aboriginal and Torres Strait Islander Communities.

In November 2000, 93 successful projects from the general round were announced. Around 23% of these were granted to Aboriginal and Torres Strait Islander communities although there were other successful projects that included Indigenous communities as a priority needs group. The total funding for this round was over \$11 million. \$2.6 million or around 23% of funds were granted to the Indigenous specific projects.

Submissions for the second Aboriginal and Torres Strait Islander specific round will close in April 2001. This round has called for submissions that focus on improving nutrition for school age Indigenous children. It supports the National Indigenous English Literacy and Numeracy Strategy where poor nutrition has been identified as a contributor to reduced concentration and learning in the school environment. Up to \$2 million is available for this funding round.

The draft National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) provides a framework for action to improve Aboriginal and Torres Strait Islander health and well being through better nutrition. NATSINSAP highlights seven key areas for action including food supply in rural and remote communities, family focussed nutrition promotion and national food and nutrition information systems. Activities are proposed to address each of the key action areas.

The Commonwealth has funded the Australian Food and Nutrition Monitoring Unit for three years to develop a national food and nutrition monitoring system. Another project that is currently being considered for funding is the development of a survey instrument for the monitoring of food supply trends in rural and remote communities.

Recommendation 22

The Aboriginal and Torres Strait Islander Commission and other Commonwealth, State, Territory and local government funding bodies, actively support communities interested in the local production of food, by the flexible use of long term program funding, and the provision of appropriate training and support.

The Government notes this recommendation.

Refer to the Government's response to recommendation 21(b), page 26, for more details.

Recommendation 23

The Aboriginal and Torres Strait Islander Commission and the Commonwealth Department of Education, Training and Youth Affairs work with the States and Territories to develop within twelve months a national mechanism for training and accreditation of store managers, within twelve months, particularly ensuring that this process encompasses:

- An understanding of health and nutrition;
- An acceptance that the store manager has a key role in educating the community about appropriate food choices and in presenting food in ways to encourage such choices; and
- Establishment of community traineeships in store management.

The Government notes this recommendation. The majority of Aboriginal and Torres Strait Islander people do not buy food in community stores. In addition, the role of community stores varies between communities. The Government notes that it is the role of the community to determine the qualification level of the store manager, and that the development of training material may be useful in assisting communities and store managers.

Community Service and Health Training Australia through funding from ANTA are currently developing a Health Training Package. Training packages (comprising competency standards, national qualifications and assessment guidelines) and support materials have been developed for use in all industries throughout Australia.

Indigenous groups have been involved in the training package development and will continue to be involved in further development and validation processes. The draft set of standards includes the understanding of health and nutrition.

Existing competency units from other endorsed training packages could also be customised for use in Indigenous communities. These include the Food and Retail Training Packages, where core and specialised units address store management and food handling issues.

A separate “national mechanism for training and accreditation” outside the National Training Framework is not supported.

Recommendation 24

The Commonwealth Department of Health and Aged Care ensure that Commonwealth, State and Territory substance misuse programs incorporate:

- Early and opportunistic intervention programs by health professionals;
- Diversionary and sobering-up shelters, including night patrols;
- Detoxification programs; and
- Rehabilitation programs, including residential and family rehabilitation, and follow up after care programs.

The Government accepts this recommendation in principle as the Commonwealth cannot ensure the content of State and Territory substance misuse programs.

The Commonwealth recognises that rehabilitation and treatment may require different approaches depending on the substance/s involved. However, the Commonwealth also recognises that these issues can not be addressed in isolation at a community level. Community development and education programs must also be undertaken to address the various issues that impact on communities.

During 2000-2001 the Commonwealth Government through the Commonwealth Department of Health and Aged Care, will provide funds totalling \$21.8 million to support some eighty-seven (87) Aboriginal and Torres Strait Islander substance misuse services, ranging from prevention and early intervention to residential rehabilitation and treatment services.

OATSIH recently completed a Review of the Substance Misuse Program and identified the need for a shift in the balance of the Program from one based primarily on treatment to one which incorporates and promotes access to services across the care continuum – from prevention and early intervention to clinical care and treatment/rehabilitation.

Under the Memorandum of Understanding between the Commonwealth Department of Health and Aged Care and ATSIC, diversionary and sobering-up shelters, including night patrols, are an ATSIC responsibility.

The National Drug Strategy is a cooperative venture between the Commonwealth, State and Territory governments and the non-government sector that aims to reduce the harm arising from licit and illicit substance misuse. The National Drug Strategy Reference Group of Aboriginal and Torres Strait Islander Peoples will ensure that a focus on Aboriginal and Torres Strait Islander issues is maintained within the context of the National Drug Strategic Framework 1998-99 to 2000-03. The Intergovernmental Committee on Drugs has agreed to the development of a Complementary Strategy for Aboriginal and Torres Strait Islanders that will span over the National Actions Plans for Tobacco, Alcohol, Illicit Drugs and School-based Drug Education.

While none of the major initiatives under the National Illicit Drug Strategy are aimed exclusively at the Indigenous population, individual treatment, education and research projects relating to illicit drug use by Aboriginal and Torres Strait Islander people are incorporated across the strategy. Such measures include:

- Funding under the Non-government Treatment Grants Program has been allocated for 18 projects that target Aboriginal and Torres Strait Islander people, including treatment services for heroin users and a number of petrol sniffing projects;
- Funding under the Community Partnerships Initiative Program for 13 projects that have an Indigenous focus targeting young Indigenous Australians;
- A study to assess the attractiveness of new pharmacotherapies to Aboriginal and Torres Strait Islander illicit drug users;
- The implementation of diversion programs in each State and Territory, that will allow education, early intervention and treatment to be available for illicit drug offenders; and
- The development of training packages to increase the awareness, skills and knowledge of Indigenous health workers in responding to the needs of illicit drug users and those affected by the illicit drug use of significant others.

In addition, the following two Indigenous-specific funding proposals are being finalised with the South Australian and Northern Territory Governments under the Supporting Families Measure of the National Illicit Drug Strategy:

- Workshops, for 20 remote communities across the Northern Territory, with frontline workers and families to develop relevant interventions to help families deal with drug use issues; and
- Kinship support services targeted to Indigenous families in north western Adelaide affected by illicit drug use, providing education, counselling and referral services and linking families and their kinship networks to other appropriate services.

Announced by the Prime Minister on 20 February 2001 in Darwin, the petrol sniffing diversion project is aimed at diverting primarily young experimental petrol sniffers, and those at risk of petrol sniffing, into community supported early intervention and prevention initiatives.

Funding for the project will be up to \$1 million from the \$2.7 million of Commonwealth funding available to the Northern Territory under the *Tough on Drugs* Diversion Initiative. Funding will be for the period to 30 June 2003.

The project will be developed initially as a pilot in the north of the Northern Territory with funding of up to \$150,000 allocated for this phase of the project. Subject to a satisfactory evaluation after 12 months, the project would then be rolled out progressively within Aboriginal communities where petrol sniffing and inhalant use is a problem.

Recommendation 25

The Commonwealth facilitate innovative models of income support and funding to Indigenous communities which volunteer to participate in such programs. The Commonwealth must increase resources and practical assistance to participating Indigenous communities in consultation and cooperation with the Aboriginal and Torres Strait Islander Commission.

The Government accepts this recommendation in principle noting that some models involve redirection of, rather than provision of, additional resources.

The Commonwealth Department of Family and Community Services (FACS) is actively considering innovative models for the delivery of income support and program funding to Indigenous communities, and has several projects in progress at present.

Statement of care pilots (also known as extended family care pilots) recognise and utilise the widespread Indigenous practice of children being cared for by a number of family members. The pilots trial a method of ensuring that the person who actually cares for the child has access to family assistance for that child.

The cross-portfolio *Strengthening Indigenous Community Pilots*, coordinated by FACS, aims to enable and support communities to take practical actions to address their own needs and priorities through building capacity and increasing social and economic participation. The pilots will be conducted in rural and remote locations. The criteria for pilot sites include high levels of welfare dependency for economic and social development, demonstrated ability to turn aspiration into action, and some degree of local cohesion.

Chapter 7 – Health professional issues

Recommendation 26

The Commonwealth, in conjunction with States, Territories and the community controlled sector, develop within the next two years a national system of training for Aboriginal Health Workers (AHW), which is based on agreed national standards and competencies, and takes into account the varied nature of the roles of AHW. The national system must incorporate a combination of:

- Basic local training, based in community controlled organisations and involving practical work within the community;
- Block release type training, leading to more advanced qualifications, through accredited training organisations, including the AMS; and
- More formal undergraduate and post-graduate training through TAFE and University.

That the development of a national training system also be supported by the introduction of common classifications for AHW, and an agreed career structure.

The Government accepts this recommendation in principle noting that the responsibility for determination of classification systems and career structures are matters for the industrial parties.

Eighty per cent of all health workers are employed by State and Territory Governments that have their own classification system. It is open to individual AMS's to put in place local arrangements.

A national review of Aboriginal Health Worker Training is being undertaken by an Indigenous research organisation (Curtin Indigenous Research Centre). The review covers the issues raised in the *Health is Life* report and is expected to report by mid 2001.

Recommendation 27

The Commonwealth in conjunction with the States and Territories ensure funding for health services includes appropriate allowances for the recruitment, ongoing training and retention of all staff, taking into account the nature of services provided, the location of the service, the needs of the local communities and the need for basic minimum numbers of staff.

The Minister for Aboriginal and Torres Strait Islander Affairs report to Parliament within two years on the adequate level of staff determined as required to maintain viable health services, given the needs of the Indigenous community.

The Government notes this recommendation.

The Minister for Health and Aged Care is responsible for this matter and not the Minister for Reconciliation and Aboriginal and Torres Strait Islander Affairs.

Workforce issues are critical to improving Indigenous health. The issues are characterised by a lack of data to monitor the situation as well as complex interactions between education organisations, professional bodies, service providers and governments. It is important to note that workforce issues in Indigenous health are influenced by factors that impact on mainstream supply and demand.

There is a need to address not only the overall numbers and mix of the workforce in Indigenous health but also to ensure that the workforce has the necessary skills and understanding of Indigenous culture.

The Government has commissioned a number of key reports in the Indigenous workforce area and they will inform the basis of a strategic approach to workforce issues. Most of the reports are finalised and will be integrated into a strategic plan during the first half of 2001. The strategy will encompass all workforce categories (Aboriginal Health Workers, nurses, medical officers, managers, and allied health staff), inform the future workforce needs in Indigenous health, provide strategies to meet these needs and mechanisms for monitoring. The strategic approach will provide a planning framework through which the various partners can work in a coordinated manner to progress the work force issues in Indigenous health.

Recommendation 28

Over the next five years, the Commonwealth, in conjunction with the States and Territories, develop a program for provision of adequate housing for health service staff, including AHW, in remote areas. The program should be linked to the revised regional funding arrangements recommended by the Committee.

The Government accepts this recommendation in principle.

The Commonwealth Department of Health and Aged Care currently administers a capital works program that includes the purchase and/or construction of remote area staff housing to assist Aboriginal and Torres Strait Islander health organisations to attract doctors, nurses and other health staff to their communities. The Department is currently developing a five year health infrastructure plan that will include planning priorities for housing arising from the regional planning process. The housing needs of locally employed AHW's will be considered in this context recognising that providing housing for local residents is a community responsibility. The Government recognises the that housing for externally engaged staff provided through this program can be of better quality than that provided by the community to local residents employed to work in the service.

Recommendation 29

Within two years, all undergraduate and post-graduate health science courses should include an effective cross cultural awareness component, as well as dealing in detail with the current health status of Indigenous Australians and the factors which have contributed to their ongoing social and cultural disadvantage.

All continuing medical education courses should also expand on these matters and continue to expose health professionals to cross-cultural learning.

The Government accepts this recommendation in principle noting that decisions on course content are the responsibility of the training institutions themselves.

The Commonwealth is currently working with the Australian Council of Medical Deans and the Australian Council of Deans of Nursing to facilitate the development of a national approach to integrate Indigenous health into the core undergraduate medical and nursing curriculum in all Australian universities. The Commonwealth intends to continue this approach with other allied health professionals groups and will encourage similar developments within post-graduate education for all health professionals.

Recommendation 30

The Commonwealth explore further ways to encourage doctors to practice in Indigenous communities, including:

- Additional assistance to return to mainstream practice after the completion of a specified period;
- More professional support, in terms of initial training and local orientation before commencing work as well as continuing medical education;
- A greater focus on the use of doctors as a part of a regional team; and
- Increased professional recognition for service in Indigenous health.

The Government accepts this recommendation.

The Government is committed to encouraging doctors to practice in Indigenous communities through the implementation of a number of initiatives, both short and long term.

The Government's commitment of \$562 million to the Regional Health Strategy in this year's Budget seeks to support education and training of the medical and health workforce in rural and remote areas of Australia, particularly through the establishment of nine new clinical schools and an additional three University Departments of Rural Health across regional Australia.

These initiatives will strengthen the rural focus on medical, nursing and allied health training, increase opportunities for students to complete training in rural health service delivery,

reduce costs incurred for clinical components of medical and health courses, encourage country students (including Indigenous students) to pursue a career in rural health and improve the coordination and quality of rural placements during tertiary education.

The Government provided establishment funding of \$125,000 in 1998 for the establishment and first year operational costs for the Australian Indigenous Doctors' Association (AIDA). The grant has assisted AIDA to evolve into the key organisation representing the needs of Indigenous medical students and doctors. AIDA plays a variety of roles from provision of advice to developing significant initiatives to encourage and support Indigenous students and doctors.

The Government recognises that increasing Indigenous participation in the health sciences is an integral part of improving access, quality and cultural appropriateness within Indigenous health. International evidence suggests that placing Indigenous health professionals within the broader health system results in an improvement in the health of Indigenous communities. The integration of Indigenous health in core medical curriculum will also provide the opportunity for non-Indigenous students undertaking medicine to gain an understanding and appreciation of Indigenous culture and provide adequate preparation for working with Indigenous communities to improve health and well-being.

As a result, the Government has been a key player in developing a strategic framework to include Indigenous health in core medical curriculum and develop recruitment, support and retention strategies for Indigenous students studying medicine at Universities nationally. This strategic framework was presented and accepted by the Council of Australian Medical Deans on 14 September 2000.

The Commonwealth is further addressing mechanisms to encourage and support doctors to practice in Indigenous communities through the implementation of initiatives aimed toward increasing rural and Indigenous medical school intakes.

Funding has been committed to medical schools to develop and implement measures to encourage higher intakes into medical schools of Indigenous students and students from rural backgrounds. Strategies vary between medical schools, ranging from enhancing the awareness of Indigenous cultural issues among academic staff to the development of sustainable infrastructure to support State and Territory wide rural high school marketing and recruitment programs.

The Government believes that effective cross cultural awareness training should be included as a minimum requirement within all health sciences courses and has funded the development and dissemination of training for the Yunggoendi Cultural Awareness Program for medical students. The project is funded to conduct workshops with four universities (Flinders, Adelaide, Monash and Melbourne) to trial the Yunggoendi Cultural Awareness Program kit and provide feedback as to the best methods for integrating the package into existing medical education. The proposal also includes developing a strategy for promoting use of the kit and its distribution, establishing what other support and resources are required for effective implementation of the kit, a curriculum review and the establishment of an interactive support network.

Recommendation 31

The Commonwealth work with the States and Territories, and nursing professional bodies, to develop within two years an expanded role for nurse practitioners in rural and remote Indigenous communities that will provide both increased career potential for nurses and better meet the health needs of the community.

The Government accepts this recommendation in principle.

The Commonwealth is committed to working with States and Territories and nursing professional bodies to develop the career path and the role of nurse practitioners in the provision of first class health care which addresses the specific needs of the Australian community.

Working toward this goal, the Commonwealth has taken an interest in the development of advanced practice nursing arrangements.

The Commonwealth recognises that nurses with advanced skills are better equipped to provide primary health care to targeted groups, such as Indigenous communities, as well as to complement the skills of general practitioners working in multi-disciplinary settings, often common to rural and Indigenous communities.

Recommendation 32

The Commonwealth ensures that:

- Abstudy/Austudy arrangements are flexible enough to take into account students differing educational experiences and that Indigenous students are not disadvantaged, either in terms of the level of financial support or time required for completion of degrees, because they have taken a different path to learning; and
- The eligibility criteria is amended to ensure that medical students who agree to scholarships from the Commonwealth or State and Territory Health Authorities, in return for an agreed period of work in remote or rural communities, continue to be eligible for the full Abstudy/Austudy allowances.

The Government accepts this recommendation.

ABSTUDY has recently been reviewed by the Commonwealth and already offers a degree of additional flexibility for Indigenous students in certain circumstances. Thus ABSTUDY provides more latitude than other student assistance schemes in the amount of time available to complete a course of study. For courses of two years or less, students may receive the ABSTUDY living allowance for double the length of the course. For longer courses, students may have an additional two years, and in exceptional circumstances three years, to complete their course.

In addition, there are no restrictions on the number of certificate or diploma courses for which a student may receive the ABSTUDY living allowance. Although there is a limit of one undergraduate and two higher degrees, students who complete an undergraduate degree that is a pathway to another undergraduate degree (such as science to medicine) may also receive the ABSTUDY living allowance to complete the second degree. It should be noted that only the periods that students have received the ABSTUDY living allowance are counted when determining the length of time for which ABSTUDY may be paid. Study taken by a part-time student, for which only ABSTUDY supplementary benefits were received, is not counted in terms of the time for which the living allowance can be paid if they become full-time students.

In 1997 ABSTUDY policy was changed so that students who were in receipt of a scholarship from a State or Territory health authority in return for an agreed period of work in remote or rural communities, would continue to be eligible for ABSTUDY. The amount of fortnightly living allowance a student could receive, however, would be contingent on the value of the scholarship. With the exception of amounts paid directly on behalf of the students for the Higher Education Contribution Scheme, the value of the scholarship would be considered as income and any amount over \$6,000 per year could reduce the student's living allowance under ABSTUDY. However, there would be no reduction in the level of the non-means tested ABSTUDY supplementary benefits.

In 2000, individual block grant funding has been made available to training institutions to take into account educational and locational disadvantages of AHW's. The National Review of AHW Training and state and territory based regional review of AHW training will be providing specific evidence to assist with understanding the levels of disadvantage that may be experienced by student AHW's in accessing ABSTUDY and the implications of these changes. It is expected that there will be specific challenges for the block release format for AHW training.

Youth Allowance and Austudy payment, which are the responsibility of the Commonwealth Department of Family and Community Services, have more flexibility than their predecessor, AUSTUDY. Both payments can be made to students who need an extra semester or year to complete their courses, and students under 21 who need additional time to complete courses can receive Youth Allowance as job seekers and have their studies accepted as approved activities. Concessions for disabled students (under Austudy payment) and for students with academic restrictions (under Youth Allowance and Austudy payment) provide additional flexibility to extend the time available to complete courses. These concessions were also available under AUSTUDY.

Youth Allowance can be paid to a student for more than one course at the same level if the student shows that the additional qualification is complementary to existing qualifications or will substantially improve employment prospects.

The Commonwealth Department of Family and Community Services is currently considering the impact of income from scholarships on Youth Allowance, in consultation with the Commonwealth Department of Health and Aged Care.

Chapter 8 – Research and data collection

Recommendation 33

The Commonwealth pursue initiatives to improve the collection of data on Indigenous health as a matter of urgency. Additional resources should be allocated if necessary to support the process, recognising that in many instances it is a State matter, but that additional support from the Commonwealth must be sufficient to encourage the States and Territories to resolve the issue.

The Government accepts this recommendation in principle but notes that each jurisdiction is responsible for its own data collections.

The Government acknowledges the importance of improving the data available on Aboriginal and Torres Strait Islander health and related matters. This is a key area where an improved infrastructure is required over the long term, in order to be able to report.

The Department of Health and Aged Care has provided funding to the Aboriginal and Torres Strait Islander Health and Welfare Information Unit over the last five years to contribute to improving both the vital (birth and deaths registers) and administrative health data sets in each of the States and Territories in terms of their identification of Indigenous clients in these records. The Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW) also fund this unit.

The Commonwealth has also taken a leadership and coordination role in the development and implementation of the National Aboriginal and Torres Strait Islander Health Performance Indicators and Targets, and has funded publication of the first national report. It has also undertaken the refinement of the indicators, which is yet to be finalised. This work is being progressed through AHMAC.

The Commonwealth government has been working with the State and Territory governments and the community controlled sector in implementing the National Indigenous Health Information Plan also endorsed by the AHMAC process.

The ABS, in response to the need to improve the data available on Indigenous Australians through its social survey program, have developed a broad strategy for providing regular statistical information on the Aboriginal and Torres Strait Islander populations across all areas of social concerns (see under Recommendation 34, page 38).

The Commonwealth Department of Health and Aged Care has developed and implemented, in a joint process with NACCHO, an annual data collection reporting from services funded by the Department. This Service Activity Reporting is now in its third year with two years data collected. A questionnaire is used to collect service level data on the activities over each financial year. To assist data collection at the service level, OATSIH is providing additional funds to services for the installation of computer hardware and software and for training for the establishment and maintenance of patient information databases. Also each service receives an individually tailored report back on how that service compares to the national average. This activity is in the keeping with the need to ensure that the community sector also gets to benefit from the data collection. An extension of this project anticipated in 2000-

01 is a joint exploration of approaches to collecting client level data from services that would add to the capacity to collect quantitative data on the workload of services.

Recommendation 34

The ABS be funded to repeat the 1994 National Aboriginal and Torres Strait Islander Survey on a regular basis, to provide an adequate measure of the change in the levels of Indigenous disadvantage over time.

The ABS also develop new mechanisms to record the Indigenous population, which take into account the mobility of community members and which do not rely on single point in time recordings.

The Government notes this recommendation.

The ABS recognises the need for a range of statistics to monitor the social well being of the Aboriginal and Torres Strait Islander population and the need for such statistics to inform public policy and provide support for government programs. As a consequence the ABS is implementing a broad strategy for providing regular statistical information on the Aboriginal and Torres Strait Islander population across all areas of social concerns, which it outlined in its paper *Directions in Australia's Aboriginal and Torres Strait Islander Statistics*.

The broad strategy and key directions for statistics about the Aboriginal and Torres Strait Islander population are based on extensive consultation with users in 1998 and 1999. The initiatives that are planned recognise the differing needs of various users for improvements in the range, frequency, comparability and quality of statistics, as well as the need to contain provider load and ensure appropriate involvement of the Aboriginal and Torres Strait Islander community.

The ABS has four main priority areas for Indigenous statistics over the next few years. These are aimed at:

- *The Census of Population and Housing*: This provides the basis for State and Territory estimates of the Aboriginal and Torres Strait Islander population and provides a range of socio-economic statistics. A special enumeration strategy for the 2001 Census will be used to help improve the count of Aboriginal and Torres Strait Islander people;
- *Population Estimates and Projections*: The ABS will continue to produce annual age by sex estimates and projections of the Aboriginal and Torres Strait Islander population for Australian and for each State and Territory;
- *Administrative Collections*: Data generated as a by-product of the administrative processes of government are an important, at times, crucial source of data, which can provide information about the general social well being of the Australian population as well as the performance of the program being administered. In the health sector a number of projects are achieving progress through implementation of the National Indigenous Health Information Plan (refer to the Government's response to recommendation 33, page 37). The ABS is giving priority to undertaking and coordinating a range of activities designed to bring about improved Indigenous identification in administrative collections and, thereby, improve the quality of the Indigenous data that could be made available from those collections; and

- *ABS Surveys:* The ABS has developed an Indigenous Survey Strategy, in parallel with the Household Survey Program Review, to generate a broad range of socio-economic data. The ABS Indigenous Survey Strategy, which has been developed in consultation with key stakeholders, will see more regular collections of Indigenous statistics, including regular Indigenous Social Surveys, Indigenous sample supplementation in regular health surveys and possibly other surveys, annual Indigenous estimates from the labour force survey, and further Community Housing and Infrastructure Needs Survey collections.

The Commonwealth Department of Health and Aged Care through consultation and an Agency Agreement with the ABS are contributing funds to the development of the National Health Survey to ensure priority health information particularly in relation to Indigenous health is collected to inform decision making.

Recommendation 35

For the next five years, the Commonwealth ensure the National Health and Medical Research Council allocate at least five per cent of total annual research funding for Indigenous health research. This research should be directly related to the health problems experienced by the Indigenous community and be aimed at either developing strategies to address those problems directly, or to provide evidence which will support government programs and policies to address the problems. Such research must also be developed and conducted in conjunction with the Indigenous community.

The Government notes this recommendation and has referred this to the National Health and Medical Research Council (NHMRC) for advice on implementation. It is noted that the NHMRC allocates funding for research in accordance with the *National Health and Medical Research Council Act 1992*.

Over the last five years the NHMRC has been working to increase the level and the relevance of the research undertaken to improving health outcomes of the Indigenous community.

To this end the Aboriginal and Torres Strait Islander Research Agenda Working Group (RAWG), a working committee of one of the NHMRC's Principal Committees, the Strategic Research Development Committee, was established as a joint initiative between the NHMRC and OATSIH in 1997.

RAWG aims to ensure that Aboriginal and Torres Strait Islander health research is relevant to the needs of Indigenous communities and service providers and has an intervention focus. In particular, RAWG agreed that all intervention research funded by the NHMRC should have active Indigenous community participation in its design and implementation, should be sustainable in the community once investigators have withdrawn, and, where feasible that research outcomes should be transferable to other Indigenous communities. These criteria are now applied to all NHMRC funded research involving Aboriginal and Torres Strait Islander communities.

In addition, the Research Committee of the NHMRC has refined its processes to ensure greater involvement of Indigenous Australians in grant assessment. This year for the first time, Indigenous Australians were involved in the assessment of project grant applications.

A special panel was convened of Indigenous people from various communities across Australia, together with researchers experienced in working on Indigenous health research.

This panel reviewed all applications in which Indigenous people were the subjects or the potential beneficiaries of the research project. It focussed on the cultural implications of the proposal where community participation, sustainability and transferability of the outcomes were the important aspects considered. The Panel provided specific feedback on these matters to the review panels that evaluated the scientific aspects, with these important cultural factors contributing equally to the final ranking.

Whilst there is no specific allocation of funding for Indigenous Australian health research, much of the research that the NHMRC funds has direct or indirect application across a wide range of disease types (such as diabetes) and populations (including Indigenous Australians).

Appendix A

1. Introduction

Recommendation 1

The Commonwealth accept that it has the major responsibility for the provision of primary health care to Indigenous Australians:

- The Commonwealth must assume responsibility for developing, in collaboration with the States and Territories, an efficient, coordinated and effective mechanism for the delivery of services and programs which impact on the health and well-being of the Indigenous population.

Recommendation 2

Australian Governments continue in their earnest attempts to conclude a meaningful reconciliation with Indigenous Australians.

Recommendation 3

Consistent with international experience Australian Governments must recognise the need to commit adequate resources, including to community controlled primary health care and environmental health services.

Recommendation 4

The Commonwealth take a more active role in the planning, delivery and monitoring of health and related services for Indigenous Australians, if progress is to be made in improving Indigenous health. This role will need to be formalised in agreements with the States, Territories and communities.

Recommendation 5

The Commonwealth establish an independent National Council for Indigenous Health Affairs to stimulate and advise on the coordination of programs across all portfolios and all levels of government in order to improve the health and welfare of Indigenous Australians.

This National Council comprise a panel of experts in all fields that impact on Indigenous health and well-being, including Indigenous representation, and be provided with relevant statutory powers and adequate resources to be effective.

The Council, in conjunction with the Australian Bureau of Statistics and other relevant portfolios establish baseline measures, across all areas which impact on Indigenous health, and against which progress in improving the health of the Indigenous population might be measured over time.

The Council report regularly to the Prime Minister and annually to the Parliament about its activities, and about progress in improving Indigenous health.

Recommendation 6

In recognition of the need for the Commonwealth to play a leadership role in improving the health and well-being of Indigenous Australians the Commonwealth Government, ensures:

- The Minister for Aboriginal and Torres Strait Islander Affairs is given responsibility for oversight of the Commonwealth's efforts across all portfolios, and that, in recognition of the importance of this role, that the Minister also be included as a member of the Cabinet;
- It be a requirement that all new policy proposals to be considered by Cabinet include a statement about the likely impact of that proposal on Indigenous health and well-being;
- Such statements are developed by the relevant portfolio, in conjunction with both the Department of Health and Aged Care and the Aboriginal and Torres Strait Islander Commission;
- The Minister for Aboriginal and Torres Strait Islander Affairs reports annually to Parliament on the Government's progress with improving the health and well-being of Indigenous Australians; and
- This issue is included as a standing item for all future meetings of the Council of Australian Governments.

2. Improving the coordination, planning and delivery of health services

Recommendation 7

The Commonwealth ensure that the provisions of the Framework Agreements are incorporated into the next Health Care Agreements to be negotiated with the States and Territories, to ensure that there is a more direct link between:

- The Commonwealth's funding for Indigenous health, both direct and indirect;
- The Commonwealth's national policy role, including the expanded role for the Commonwealth envisaged by the Committee;
- The States and Territories service delivery roles; and
- The role of the community controlled services.

Recommendation 8

In conjunction with the Indigenous community over the next two years, the Commonwealth develop a revised approach to funding primary health care services for Indigenous Australians, based on:

- The use of funds pooling at a regional level, determined by reference to a nominal per person Medicare Benefits Schedule (MBS)/Pharmaceutical Benefits Scheme (PBS) contribution, which takes into account not only the national average costs of MBS/PBS usage by non-Indigenous Australians, but should also be weighted for the higher costs of servicing specific communities and the poorer health status of Indigenous Australians;
- The combination of these funds with an amount from the State or Territory, representing the cost of hospital and other health services; and

- The Community to be supported in taking responsibility for these funds and determining the use of the funds pool in delivering services to the community which best meet the health needs of each community.

3. Indigenous health services and community control

Recommendation 9

Over the next twelve months, in conjunction with the National Aboriginal Community Controlled Health Organisation, the Commonwealth Department of Health and Aged Care:

- Develop a mechanism for the accreditation of all Indigenous Health Services, including development of arrangements for collection of appropriate data;
- Undertake a systematic review of the level of services currently provided by the Aboriginal Medical Services funded through the Department;
- Seek independent, professional advice on the overall level of resources required to provide those services to a professional and accredited standard including, where applicable, the higher costs associated with attracting professional staff to work in the area of Indigenous health; and
- Ensure that funding commensurate with those needs is provided to accredited services.

Recommendation 10

Where the proposed changes in regional planning arrangements result in community agreement for the Aboriginal Medical Service to undertake additional services, the Aboriginal Medical Service should not be financially disadvantaged in its agreement to undertake additional services.

Recommendation 11

The Commonwealth support increased community control of health services for Indigenous communities. The community has a responsibility to determine the nature of that control. There needs to be flexibility in arrangements to ensure that each community is able to have the services which best meet their needs within a broader accreditation process.

The implementation of this position should be facilitated as part of the revised regional planning process over the next two years.

Recommendation 12

The Commonwealth, States and Territories recognise that the community controlled sector has a legitimate role to play in representing the views of the Indigenous community as they relate to health matters. They should be assisted in every way to actively participate as equal partners in the planning and delivery of health services for Indigenous Australians.

Recommendation 13

The Aboriginal and Torres Strait Islander Commission provide advice to the Minister for Aboriginal and Torres Strait Islander Affairs, within six months, on possible mechanisms to improve the level of management support provided to Indigenous organisations, including mechanisms to improve the way funding bodies respond when organisations get into financial difficulties.

4. Improving housing and infrastructure services

Recommendation 14

In the first annual report to Parliament the Minister for Aboriginal and Torres Strait Islander Affairs pay particular attention to the outcome of the recent Australian Bureau of Statistics' Community Housing and Infrastructure Needs Survey. It will report on a strategy to enable the Aboriginal and Torres Strait Islander Commission to address the backlog of need identified in the survey, in conjunction with the States and Territories within the next five years.

Recommendation 15

All future capital infrastructure programs identify an associated and ongoing allowance for the adequate and continued maintenance of the facilities concerned.

Such maintenance programs are wherever possible undertaken by the community concerned and make appropriate provision for differing cultural requirements which might impact of the viability of community infrastructure.

Recommendation 16

The Aboriginal and Torres Strait Islander Commission consult with the Department of Education, Training and Youth Affairs, the Australian National Training Authority, and with relevant State and Territory Authorities to develop, within two years:

- Innovative approaches to support the training of community members in the basic and ongoing maintenance of community facilities; and
- Mechanisms to upgrade the training over time to trade qualifications.

Recommendation 17

In view of the importance of potable water to the health and well-being of Indigenous communities:

- The Aboriginal and Torres Strait Islander Commission provide advice to the Minister for Aboriginal and Torres Strait Islander Affairs, within six months, of the costs of providing adequate water, within three years, to all the communities where water supplies do not meet national standards, including those for which no testing has been undertaken; and
- The Minister's annual report to Parliament provide advice about the Government's plans to address these outstanding needs.

Recommendation 18

The Commonwealth Department of Transport review the current funding arrangements for roads and provide advice to the Minister for Aboriginal and Torres Strait Islander Affairs, within six months, about possible mechanisms to ensure that the responsible authorities are providing an adequate service to Indigenous communities.

Recommendation 19

The Commonwealth Grants Commission report to the Minister for Aboriginal and Torres Strait Islander Affairs on:

- Mechanisms to ensure there is a more transparent process for fiscal equalisation relative to the factors related to adjustments for Indigenous citizens as part of the allocation of Goods and Services Tax funding to the States and Territories; and
- Ways to improve reporting by States and Territories on the use of those funds for Indigenous citizens.

5. Cultural, educational and employment issues as they relate to health

Recommendation 20

The Commonwealth provide additional resources to ensure that within two years all Indigenous children are able to be monitored for ear disease on a regular basis from birth, and to allow the hearing ability of all Indigenous children to be tested by the age of three years.

That the progress of all health services, including State and Territory health services, in this regard should be monitored and that the services' capacity to undertake these tasks should form part of the criteria for accreditation.

Recommendation 21

Within two years, the Minister for Health and Aged Care and the Minister for Aboriginal and Torres Strait Islander Affairs, in conjunction with other Ministers, develop performance measures for each Commonwealth Department that reflect Indigenous cultural perspective's and are able to highlight the impact on Indigenous health of specific policies and programs.

The Australian Health Ministers Conference develop linkages with other relevant Ministerial Councils to ensure the States and Territories develop a similar approach to bringing the importance of cultural values and the impact on health and well-being of activities in those non-health areas to the attention of other sectors.

6. Other important health issues

Recommendation 21

The Aboriginal and Torres Strait Islander Commission report to the Minister for Aboriginal and Torres Strait Islander Affairs, within the next six months, on:

- A series of pilot programs to trial alternative innovative strategies to encourage the supply and consumption of fresh fruit, vegetable and meat in remote communities; and
- Mechanisms to monitor the new arrangements to ensure that any cost savings are passed on to consumers.

Recommendation 22

The Aboriginal and Torres Strait Islander Commission and other Commonwealth, State, Territory and local government funding bodies, actively support communities interested in the local production of food, by the flexible use of long term program funding, and the provision of appropriate training and support.

Recommendation 23

The Aboriginal and Torres Strait Islander Commission and the Commonwealth Department of Education, Training and Youth Affairs work with the States and Territories to develop within twelve months a national mechanism for training and accreditation of store managers, within twelve months, particularly ensuring that this process encompasses:

- An understanding of health and nutrition;
- An acceptance that the store manager has a key role in educating the community about appropriate food choices and in presenting food in ways to encourage such choices; and
- Establishment of community traineeships in store management.

Recommendation 24

The Commonwealth Department of Health and Aged Care ensure that Commonwealth, State and Territory substance misuse programs incorporate:

- Early and opportunistic intervention programs by health professionals;
- Diversionary and sobering-up shelters, including night patrols;
- Detoxification programs; and
- Rehabilitation programs, including residential and family rehabilitation, and follow up after care programs.

Recommendation 25

The Commonwealth facilitate innovative models of income support and funding to Indigenous communities which volunteer to participate in such programs. The Commonwealth must increase resources and practical assistance to participating Indigenous communities in consultation and cooperation with the Aboriginal and Torres Strait Islander Commission.

7. Health professional issues

Recommendation 26

The Commonwealth, in conjunction with States, Territories and the community controlled sector, develop within the next two years a national system of training for Aboriginal Health Workers (AHW), which is based on agreed national standards and competencies, and takes into account the varied nature of the roles of AHW. The national system must incorporate a combination of:

- Basic local training, based in community controlled organisations and involving practical work within the community;
- Block release type training, leading to more advanced qualifications, through accredited training organisations, including the AMS; and
- More formal undergraduate and post-graduate training through TAFE and University.

That the development of a national training system also be supported by the introduction of common classifications for AHW, and an agreed career structure.

Recommendation 27

The Commonwealth in conjunction with the States and Territories ensure funding for health services includes appropriate allowances for the recruitment, ongoing training and retention of all staff, taking into account the nature of services provided, the location of the service, the needs of the local communities and the need for basic minimum numbers of staff.

The Minister for Aboriginal and Torres Strait Islander Affairs report to Parliament within two years on the adequate level of staff determined as required to maintain viable health services, given the needs of the Indigenous community.

Recommendation 28

Over the next five years, the Commonwealth, in conjunction with the States and Territories, develop a program for provision of adequate housing for health service staff, including AHW, in remote areas. The program should be linked to the revised regional funding arrangements recommended by the Committee.

Recommendation 29

Within two years, all undergraduate and post-graduate health science courses should include an effective cross cultural awareness component, as well as dealing in detail with the current health status of Indigenous Australians and the factors which have contributed to their ongoing social and cultural disadvantage.

All continuing medical education courses should also expand on these matters and continue to expose health professionals to cross-cultural learning.

Recommendation 30

The Commonwealth explore further ways to encourage doctors to practice in Indigenous communities, including:

- Additional assistance to return to mainstream practice after the completion of a specified period;
- More professional support, in terms of initial training and local orientation before commencing work as well as continuing medical education;
- A greater focus on the use of doctors as a part of a regional team; and
- Increased professional recognition for service in Indigenous health.

Recommendation 31

The Commonwealth work with the States and Territories, and nursing professional bodies, to develop within two years an expanded role for nurse practitioners in rural and remote Indigenous communities that will provide both increased career potential for nurses and better meet the health needs of the community.

Recommendation 32

The Commonwealth ensures that:

- Abstudy/Austudy arrangements are flexible enough to take into account students differing educational experiences and that Indigenous students are not disadvantaged, either in terms of the level of financial support or time required for completion of degrees, because they have taken a different path to learning; and
- The eligibility criteria is amended to ensure that medical students who agree to scholarships from the Commonwealth or State and Territory Health Authorities, in return for an agreed period of work in remote or rural communities, continue to be eligible for the full Abstudy/Austudy allowances.

8. Research and data collection

Recommendation 33

The Commonwealth pursue initiatives to improve the collection of data on Indigenous health as a matter of urgency. Additional resources should be allocated if necessary to support the process, recognising that in many instances it is a State matter, but that additional support from the Commonwealth must be sufficient to encourage the States and Territories to resolve the issue.

Recommendation 34

The ABS be funded to repeat the 1994 National Aboriginal and Torres Strait Islander Survey on a regular basis, to provide an adequate measure of the change in the levels of Indigenous disadvantage over time.

The ABS also develop new mechanisms to record the Indigenous population, which take into account the mobility of community members and which do not rely on single point in time recordings.

Recommendation 35

For the next five years, the Commonwealth ensure the National Health and Medical Research Council allocate at least five per cent of total annual research funding for Indigenous health research. This research should be directly related to the health problems experienced by the Indigenous community and be aimed at either developing strategies to address those problems directly, or to provide evidence which will support government programs and policies to address the problems. Such research must also be developed and conducted in conjunction with the Indigenous community.

Appendix B

List of Acronyms used in this document

AACAP	Army/ATSIC Community Assistance Program
ABS	Australian Bureau of Statistics
AHCA	Australian Health Care Agreements
AHMAC	Australian Health Ministers Advisory Council
AHMC	Australian Health Ministers' Conference
AHW	Aboriginal Health Worker
AIDA	Australian Indigenous Doctors Association
AIHW	Australian Institute of Health and Welfare]
AMS	Aboriginal Medical Service
ANTA	Australian National Training Authority
AP	Anangu Pitjantjatjara
ARHP	Aboriginal Rental Housing Program
ATSIC	Aboriginal and Torres Strait Islander Commission
CDEP	Community Development Employment Projects
CSWGIH	Commonwealth State Working Group on Indigenous Housing
DETYA	Commonwealth Department of Education, Training and Youth Affairs
DEWRSB	Commonwealth Department of Employment, Workplace Relations and Small Business
FaCS	Commonwealth Department of Family and Community Services
IESIP	Indigenous Education Strategic Initiatives Program
MBS	Medicare Benefits Schedule
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NEHS	National Environmental Health Strategy
NHMRC	National Health and Medical Research Council
NIEHF	National Indigenous Environmental Health Forum
OATSIH	Office for Aboriginal and Torres Strait Islander Health within the Commonwealth Department of Health and Aged Care
PHCAP	Primary Health Care Access Program
VET	Vocational Education and Training