



Australian Government

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



Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan

ISBN: 978-1-76007-212-4

Online ISBN: 978-1-76007-213-1

Publications approval number: 11211

Copyright Statements:

Paper-based publications

© Commonwealth of Australia 2015

This work is copyright. You may reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the *Copyright Act 1968* or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from the Commonwealth to do so. Requests and inquiries concerning reproduction and rights are to be sent to the Communication Branch, Department of Health, GPO Box 9848, Canberra ACT 2601, or via e-mail to copyright@health.gov.au.

Internet sites

© Commonwealth of Australia 2015

This work is copyright. You may download, display, print and reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the *Copyright Act 1968* or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from the Commonwealth to do so. Requests and inquiries concerning reproduction and rights are to be sent to the Communication Branch, Department of Health, GPO Box 9848, Canberra ACT 2601, or via e-mail to copyright@health.gov.au.

Citation: Department of Health, *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023*, Australian Government, Canberra, 2015

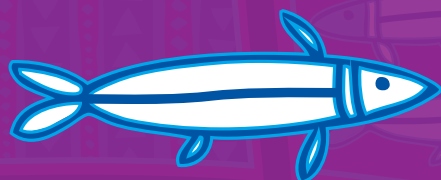


This original artwork was produced by Gilimbaa. Gilimbaa is an Indigenous creative agency accredited by Supply Nation.



CONTENTS

MINISTER'S FOREWORD	iv
INTRODUCTION	1
Overview of the Implementation Plan	1
An iterative approach to developing the Implementation Plan	3
Addressing social and cultural determinants of health	4
WORKING TOGETHER, STAYING ON TARGET	5
Role of partnerships	5
Implementation Plan goals	6
Implementation, monitoring and accountability arrangements	7
Links to other strategies	7
THE DOMAINS OF THE IMPLEMENTATION PLAN	9
1. Health Systems Effectiveness	9
2. Maternal Health and Parenting	17
3. Childhood Health and Development	21
4. Adolescent and Youth Health	24
5. Healthy Adults	28
6. Healthy Ageing	30
7. Social and Cultural Determinants of Health	33
APPENDIX A:	
Implementation Plan Goals	35
APPENDIX B:	
Closing the Gap Targets and Other Already Agreed Government Targets	37
APPENDIX C:	
Strategies, Frameworks and Programmes Referred to in the Implementation Plan ...	38
ABBREVIATIONS	51
GLOSSARY	52
References	58



MINISTER'S FOREWORD



▲ On behalf of the Australian Government I am pleased to present the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023. I would like to thank the National Health Leadership Forum, which has partnered with the Australian Government and provided invaluable expertise in developing this Implementation Plan. I would also like to acknowledge the critical role Aboriginal and Torres Strait Islander leaders play in improving the health outcomes of their people. It will be essential that this partnership approach is sustained as we roll out the Implementation Plan.

Our shared goal is to realise health equality by 2031, which is consistent with the Council of Australian Governments' health goals for Aboriginal and Torres Strait Islander peoples. We know that good health enables Aboriginal and Torres Strait Islander children to have the best possible start to life, and adults to lead active, full and productive lives.

This Implementation Plan addresses the broad changes needed to make the health system more comprehensive, culturally safe and effective. It has a strong focus on prevention, as well as on improving the patient journey of Aboriginal and Torres Strait Islander peoples through the health system. It also focuses on supporting local and regional responses to identified needs. The Implementation Plan will drive the focus for further collaboration across government and the Australian health system to improve health outcomes of current and future generations of Aboriginal and Torres Strait Islander peoples.

We must be able to respond to new and emerging challenges in the future. This Implementation Plan is the first step in turning good intentions into actions. While this Implementation Plan primarily focuses on actions by the Australian Government Department of Health, it also includes actions to be undertaken by the Department of the Prime Minister and Cabinet, the Department of Social Services, the Aboriginal community controlled health sector, national Aboriginal and Torres Strait Islander health bodies, and other health-related government agencies. I intend that the Implementation Plan will grow, and in future years it will include the important contributions of other Australian Government departments, state and territory governments, and non-government and private sector health care providers.

The Australian Government is committed to achieving the Closing the Gap targets and delivering the outcomes in this Implementation Plan. Achieving our goals will require continued focus and targeted effort. I believe that this Implementation Plan and its strategies will ensure our shared vision is realised.



Senator the Hon Fiona Nash
Minister for Rural Health

INTRODUCTION

Overview of the Implementation Plan

Both the Implementation Plan and the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 (Health Plan) have been developed in close partnership with the National Health Leadership Forum and reflect the priorities that will improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples. The Implementation Plan outlines the actions to be taken by the Australian Government and other key stakeholders to give effect to the vision, principles, priorities and strategies of the Health Plan as highlighted in Figure 1.

The Implementation Plan takes forward the overarching vision of the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 by progressing strategies and actions that improve health outcomes for Aboriginal and Torres Strait Islander people and prevent and address systemic racism and discrimination in the health system.

The Health Plan vision is:

The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.

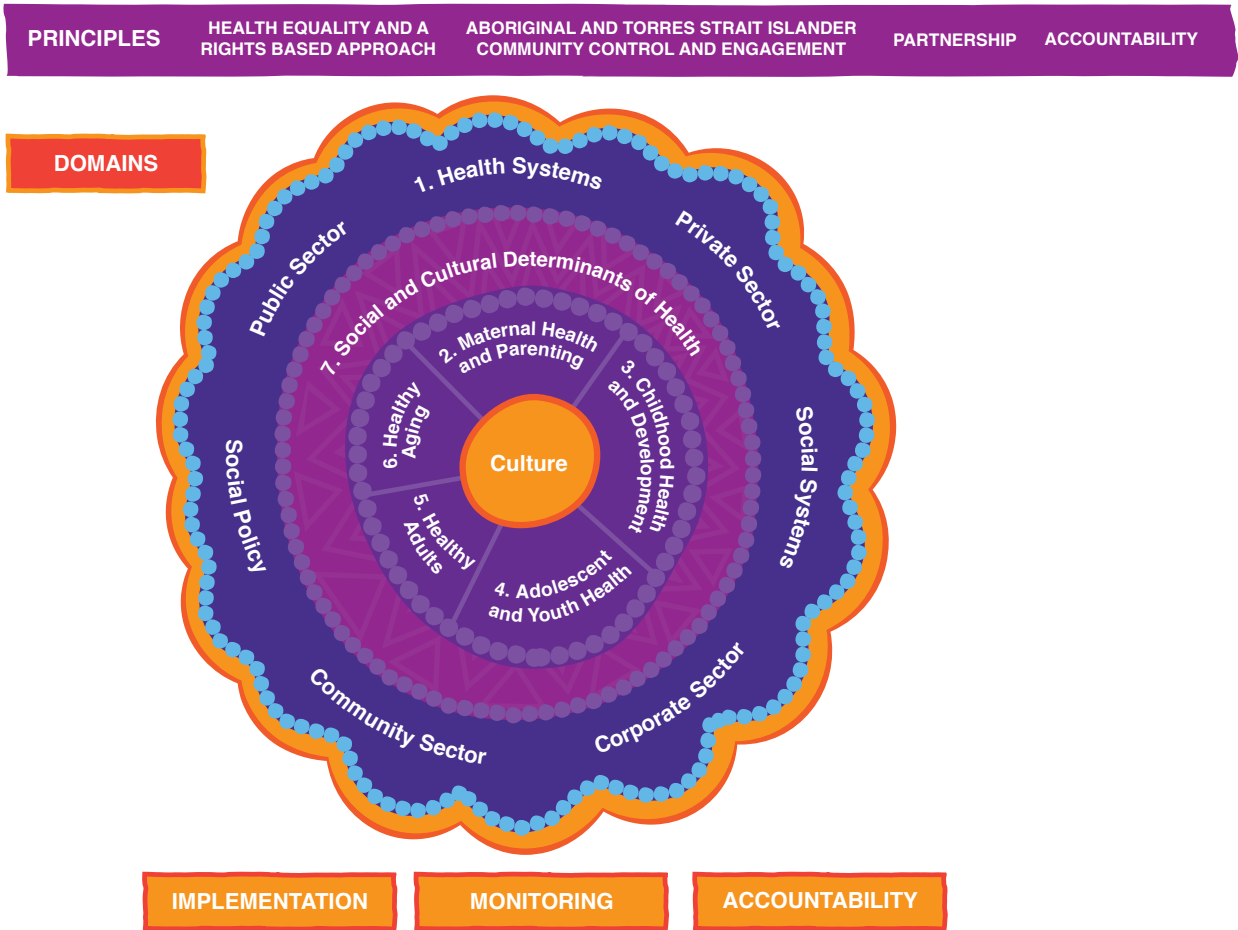
The introduction of twenty new Implementation Plan goals (Appendix A) provides the infrastructure for a strong accountability mechanism and the precursor towards realising the 2013–2023 Health Plan's goals. Strategies and actions such as empowering youth and adolescents to be proud of their identity and culture recognise the centrality of culture in the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Figure 1: Relationship between the Implementation Plan to the Health Plan



The primary focus of this Implementation Plan is on Australian Government health-specific actions, although roles for other entities have also been identified. As outlined in Figure 2, the Implementation Plan addresses the effectiveness of the health system and priorities across the life course of maternal health and parenting, childhood health and development, adolescent and youth health, healthy adults and healthy ageing. The social and cultural determinants of health will be discussed in more detail in a future revision of the Implementation Plan.

Figure 2: Outline of the domains and principles that inform the Implementation Plan



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

An iterative approach to developing the Implementation Plan

The Implementation Plan is being developed in phases. This Implementation Plan focuses on the Australian Government's role in ensuring the health system is flexible to respond to identified needs, is able to support Aboriginal and Torres Strait Islander peoples to make healthy choices, and provides culturally safe access to quality early intervention and treatment services and integrated clinical services, and is free of racism. It includes strategies such as:

- investing in increased capability of Aboriginal Community Controlled Health Organisations (ACCHOs) to be able to meet identified needs;
- reducing racism and discrimination and improving the cultural safety of the mainstream health system, including primary health care;
- identifying, mapping and responding to need, recognising that geographical factors can play an important role in assessing the need of individual communities, and ensuring good quality care is delivered;
- ensuring evidence-based care is provided;
- ensuring accountability and leadership for Aboriginal and Torres Strait Islander peoples' health;
- defining the core services that are required to flexibly respond to identified needs;
- increasing workforce capability; and
- partnering with Aboriginal and Torres Strait Islander peoples and their representative bodies in all levels of planning, service delivery and evaluation.

Over time (Figure 3) the Implementation Plan will be revised to reflect:

- increased engagement and involvement with other Australian Government agencies, state and territory governments, the Aboriginal community controlled health sector, the non-government sector and the corporate/private sector;
- new challenges and priorities;
- emerging evidence and opportunities; and
- complementary strategic responses on mental health, social and emotional wellbeing, suicide prevention and alcohol and other drug use.

Figure 3: Iterative process for developing the Implementation Plan





In 2016 and 2017 work will be undertaken to engage other Australian Government agencies, state and territory governments, and the private health sector to address the social and cultural determinants of health and develop indicators that can be used to measure priority health outcomes that will be reflected in a new Implementation Plan.

Addressing social and cultural determinants of health

The Australian Government's Indigenous Advancement Strategy (IAS) supports actions across five programmes that take a comprehensive approach to the social and cultural determinants of health. It addresses the Government's three priorities of improving school attendance and workforce participation and building safe communities, which are key drivers in improving health outcomes for Aboriginal and Torres Strait Islander peoples. Any work in these priority areas must be underpinned by improving the health and wellbeing of individuals, families and communities. Achievements through health investments complement, and are supported by, achievements through the IAS.

The IAS is coordinated through a regionally based network of the Department of the Prime Minister and Cabinet (PM&C). The network is led by twelve regional managers across Australia who work with local communities to support actions that are responsive to the needs and priorities of individual communities. Regional managers are supported by local staff members who facilitate collaboration and coordination across Australian Government programmes at the local level.

The PM&C will support work across Australian Government agencies to build strong governance in organisations providing services to Aboriginal and Torres Strait Islander peoples, including promoting the benefits of incorporation under the Office of the Registrar of Indigenous Corporations (ORIC) as appropriate. This Implementation Plan details specific tasks for the Australian Government health system, which is only one aspect of a complex, multisector, whole-of-government approach. Social determinants such as income, employment, education and community safety have a substantial impact on health. Opportunities for intersectoral partnerships between the health sector and other Australian Government and state and territory agencies working in Aboriginal and Torres Strait Islander affairs will be identified and included in a revised Implementation Plan.

For example, good health enables participation in the labour force, which models good behaviour for children to go to school and provides an income that can support healthy choices (e.g. good nutrition and exercise for individuals and their families). Conversely, chronic health problems can limit participation in the workforce and educational and training opportunities, which can have adverse impacts on families.



WORKING TOGETHER, STAYING ON TARGET

Role of partnerships

The principles of partnership and accountability that underpin the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 will be realised through a Letter of Intent from the Australian Government Minister responsible for Indigenous health, currently the Minister for Rural Health, to Aboriginal and Torres Strait Islander health leaders, including the National Health Leadership Forum.

The Letter of Intent will establish arrangements with Aboriginal and Torres Strait Islander health leaders to:

- review progress of the Implementation Plan annually with a particular focus on assessment of actions and progress against goals;
- assess the whole health system biennially and progress against social and cultural determinants of health, primarily through the Aboriginal and Torres Strait Islander Health Performance Framework; and
- guide action under the Implementation Plan, including addressing issues of policy and strategy that impact on the delivery of the Implementation Plan.

• **Partnership with Aboriginal and Torres Strait Islander peoples and their representatives (in the design, development, delivery, monitoring and revision of Implementation Plan actions and related national health policies) is a fundamental principle underlying the Implementation Plan. The National Health Leadership Forum (NHLF), in particular, will be a key partner in implementing this plan.**

It will be critical to sustain this partnership approach with leaders at the national, state, regional and local levels to ensure priority health needs are identified and addressed effectively to achieve the Closing the Gap outcomes in urban, rural and remote settings.

The Australian Government and state and territory governments have jointly committed to work together to close the gap as set out in the National Indigenous Reform Agreement (NIRA) and relevant National Partnership Agreements. The Department of Health will also work with the Council of Australian Governments (COAG) Health Council, the Australian Health Ministers' Advisory Council (AHMAC) and related principal committees to ensure a coordinated approach.¹

In addition, the Australian Government is seeking to recommit to joint priorities with state and territory governments and the state and territory Aboriginal community controlled health peak bodies in 2015/2016. It is envisioned that renewed framework agreements on Aboriginal and Torres Strait Islander health will provide the mechanism for working together to implement mutual priorities. Aboriginal and Torres Strait Islander health partnership forums, which have been long established in each jurisdiction, will provide the vehicle for sharing information on health needs and undertaking joint planning to inform resources allocation.

At the regional level ACCHOs, the Primary Health Networks and the PM&C Regional Network will have an important role in improving local planning and coordination and reducing fragmentation between the mainstream and private health sectors.

¹ Examples of Australian Government/state committees include the National Aboriginal and Torres Strait Islander Health Standing Committee and the Aboriginal and Torres Strait Islander Health Workforce Working Group.

Implementation Plan goals

This Implementation Plan has identified a set of goals (Appendix A) to support and complement the achievement of the COAG targets (Appendix B). The Implementation Plan goals will be used to measure progress towards achieving outcomes against the health, social and cultural priorities of the Health Plan. These goals will be used to galvanise community and government efforts and help to promote accountability. They are based on work undertaken by the Australian Institute of Health and Welfare (AIHW) to develop realistic goals based on historical trends and evidence about what was achievable within the timeframe. Goals in the context of the Implementation Plan have been expressed as SMART: Specific, Measurable, Achievable, Realistic and Time-Bound.

Greater emphasis has been placed on choosing indicators that focus on early intervention across the life cycle and have the highest impact on health outcomes, such as smoking and antenatal care. A number of stretch goals that focus on maternal and child health and chronic disease in the mid adult ages (where the highest disparities exist) are included.

Technical advice from the AIHW was used to determine these goals. Due to data limitations, many of the goals will be reviewed in 2018, when more data will be available to determine an improved projection over time (e.g. the goal to increase the rate of Aboriginal and Torres Strait Islander adults aged 50 plus who are immunised against pneumonia from 29% to 33% by 2023). A technical companion document, prepared by the AIHW, explains the technical aspects of identifying these goals, the data sources and the baseline measures.¹ As many of the statistics used are based on small numbers that can be highly volatile over time, variability bands for each data point showing the likely range for each goal have been developed and included in the companion document.

There are a number of critical indicators for which measures are not currently available (e.g. mental health, cultural safety, and workforce). A data development plan to establish new measures will be developed and implemented during the lifetime of this Implementation Plan.² The new measures will be monitored in future Implementation Plans.

¹ Implementation Plan Goals for the Aboriginal and Torres Strait Islander Health Plan 2013-23: Technical companion document, Australian Institute of Health and Welfare 2015.

² The data development plan will consider the development of goals around health outcomes, health services and infrastructure required for health services.



Implementation, monitoring and accountability arrangements

- The Implementation Plan sets out specific goals and deliverables that will be reviewed and monitored in partnership with Aboriginal and Torres Strait Islander health leaders as per the Letter of Intent (see 'Role of partnerships' above). Each year progress against the Implementation Plan deliverables will be reported on. Progress on achieving the Implementation Plan goals will be reported every two years in line with the release of the Aboriginal and Torres Strait Islander Health Performance Framework. The findings will be incorporated into the Department of Health Annual Report and will inform the Prime Minister's annual Closing the Gap report.

The Implementation Plan emphasises the importance of monitoring and evaluating impacts of programme delivery as a means of assessing and building capability to improve health outcomes of Aboriginal and Torres Strait Islander peoples. It is expected the overarching evaluation of the Indigenous Australians' Health Programme (IAHP) will measure the effectiveness of the current approach to closing the gap. Findings of this evaluation will help drive the content of future revisions of the Implementation Plan, will be considered by the Aboriginal and Torres Strait Islander Health Partnership Forums in each jurisdiction, and will be included in the annual reporting process.



Links to other strategies

The Australian Government has in place, or is developing, a number of other relevant strategies, which are included in this Implementation Plan, such as:

- Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019 (under development);
- Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander Peoples with a Disability (in preparation);
- Fourth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmitted Infections Strategy 2014–2017;
- Implementation Plan under the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss 2014;
- Indigenous Advancement Strategy;
- National Aboriginal and Torres Strait Islander Cancer Framework (under development);
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework;
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy;
- National Diabetes Strategy (under development);
- National Disability Insurance Scheme;
- National Disability Strategy 2010–2020;
- National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families;
- National Strategic Framework for Chronic Conditions (under development);
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2014–2019 (under development);
- National Strategic Framework for Rural and Remote Health 2010.

The actions of each of these strategies have not been listed, however, the Department of Health and the governance group that has oversight of the Implementation Plan will have a role in ensuring that there is appropriate coordination across the implementation of the strategies. This applies, in particular, to those strategies that address mental health and related areas. For example, comprehensive responses to mental health and social and emotional wellbeing and alcohol and other drug use are set out in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2014–2019, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, and the Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019 (under development). It is anticipated that these and other strategies will complement the focus on health in this plan.



THE DOMAINS OF THE IMPLEMENTATION PLAN

1. HEALTH SYSTEMS EFFECTIVENESS

The domains of the Implementation Plan

This section presents the visions, context, goals and strategies of each domain of the Implementation Plan. For each domain, a table outlines health-specific actions and the deliverables that are planned by 2018 and 2023.⁴ Each table also includes the lead entities – usually the first entity noted will take the lead and/or share the lead with the second. The focus is on the Australian Government, but other entities will have significant roles.

1. Health Systems Effectiveness

Vision

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

Context

At every contact point with the health system, the opportunity exists to provide care that is culturally safe, high quality, responsive and accessible for all Aboriginal and Torres Strait Islander peoples. ACCHOs and their national, state and territory peak bodies and other Aboriginal and Torres Strait Islander health care services have played, and continue to play, an important role in empowering Aboriginal and Torres Strait Islander communities to identify health needs and to develop and implement innovative local responses.

This domain supports initiatives that provide the foundations for comprehensive primary health care service delivery, which focuses on whole-of-life, seamless and integrated care across all sectors (primary, allied, specialist, hospital). It also supports continuous quality improvement (CQI) and evidence-based initiatives, building Aboriginal and Torres Strait Islander health care workforce capability and partnerships between ACCHOs, other Aboriginal and Torres Strait Islander health services, the mainstream health service sector and the private sector to achieve better health outcomes.

The strength of culture and cultural responses is recognised as central to ensuring engagement by Aboriginal and Torres Strait Islander peoples within the health system. This includes acknowledging Aboriginal and Torres Strait Islander leadership and enabling a transfer of skills and knowledge to continue across the community. Connecting with land, country and history, including traditional healing practices, ensures community members are building mind, body and spirit within a cultural context.

Goals

All the Implementation Plan goals relate to the effectiveness of the health system. These goals are listed in Appendix A.

⁴ The social and cultural determinants of health will be discussed in more detail in a future Implementation Plan.

Strategies

- 1A.** ACCHOs are supported to provide high-quality, comprehensive and accountable services that are locally responsive to identified Aboriginal and Torres Strait Islander health needs.
- 1B.** Mainstream health services are supported to provide clinically competent, culturally safe, accessible, accountable and responsive services to Aboriginal and Torres Strait Islander peoples in a health system that is free of racism and inequality.
- 1C.** Whole-of-life cycle health interventions are accessible and have a strong focus on prevention and early intervention to prevent mental health conditions and illness, chronic health conditions and injuries from occurring, including disability.
- 1D.** Improved regional planning and coordination of health care services across sectors and providers.
- 1E.** Aboriginal and community controlled and mainstream health sector workforces are capable of meeting the needs of Aboriginal and Torres Strait Islander peoples.
- 1F.** Quality and completeness of data to support continued policy development and improved service design, planning and evaluation.

Table 1: Actions and deliverables of the Health Systems domain

Action	Deliverables by 2018	Deliverables by 2023	Lead entity
Strategy 1A: ACCHOs are supported to provide high-quality, comprehensive and accountable services that are locally responsive to identified Aboriginal and Torres Strait Islander health needs.			
Health needs (including mental health and related needs), workforce capability and capacity of services to address them, have been systematically assessed.	Methodology to map health needs, workforce capability and service capacity has been developed. Focus will be targeted to areas with poor health outcomes and inadequate services. Systematic assessment of health outcomes/needs, workforce capability and service capacity undertaken to inform the development of the core services model, future workforce requirements and investment and capacity building priorities.	Regional needs prioritisation, workforce capability and service capacity have been embedded in funding methodologies.	Department of Health (Health), National Aboriginal Community Controlled Health Organisation (NACCHO), PM&C, NHLF, Affiliates, ACCHOs
	National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care has been implemented to support the health sector to use clinical data for health planning to improve health practice and service delivery.	Ongoing review undertaken and findings addressed.	Health, NACCHO, ACCHOs, Affiliates, ATSIMHSPAG ⁵
Funding methodologies that respond to identified health and service capability needs, and foster local autonomy and partnerships, have been developed, implemented and reviewed.	Core services framework for comprehensive primary health care and access to specialist medical care has been defined and considered by the Minister as a matter of priority. (This model will be influenced by, and will directly influence, the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework).	Funding methodologies for Aboriginal and community controlled health sector will continue to be reviewed within a CQI framework.	Health, NACCHO, Affiliates and services, mainstream providers, states and territories
	Indigenous Australians' Health Programme (IAHP) guidelines have been developed, agreed and implemented.	IAHP has been reviewed and recommended findings implemented.	Health

⁵ The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group (ATSIMHSPAG) is an Aboriginal and Torres Strait Islander advisory group established to provide advice on mental health and suicide prevention to the Australian Government until December 2015.

Action	Deliverables by 2018	Deliverables by 2023	Lead entity
--------	----------------------	----------------------	-------------

Strategy 1B: Mainstream health services are supported to provide clinically competent, culturally safe, accessible, accountable and responsive services to Aboriginal and Torres Strait Islander peoples in a health system that is free of racism and inequality.

Systemic racism and discrimination is better understood, addressed and prevented.	System levers and accountability mechanisms established for addressing racism and discrimination have been developed and their implementation promoted.	Implementation of system levers and accountability mechanisms have been reviewed and recommendations actioned.	NACCHO, Affiliates, Health, NHLF, ACCHOs
	Indicators for measuring cultural safety, such as discharge from hospitals without medical advice, and elimination of the differentials in access to best practice clinical care for Aboriginal and Torres Strait Islander patients irrespective of geography and socioeconomic status will be considered in the preparation of the data development plan.	Cultural safety indicators are being monitored.	AIHW, Health, PM&C, NHLF
Guidance on the provision of clinically competent and culturally safe services (including mental health) has been provided and implemented.	The development, implementation and review of good practice models for culturally safe service delivery with structured clinical decision-making tools to support consistent standards for diagnosis, treatment and rehabilitation (e.g. Essential Service Standards for Equitable National Cardiovascular Care (ESSENCE) standards on cardiovascular care) have been supported, disseminated and promoted.	The development, implementation and review of standards for diagnosis, treatment and rehabilitation (including mental health) continue to be developed and released.	Health, ACCHOs, NACCHO, Affiliates, Department of Social Services (DSS), Australian Commission on Safety and Quality in Health Care (working in collaboration with states and territories)
	Support the revision of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004–2009 commissioned by AHMAC.	Support the implementation of the Cultural Respect Framework.	AHMAC, Health
Mainstream health services are inclusive and accessible to people with a disability.	Actions consistent with the National Disability Strategy 2010–2020.	Ongoing	Health DSS
Guidance on the principles that inform equitable access to specialist medical care.	The development and usage of a national framework that drives improved access to specialist medical care and integration of care across the health sectors.	Review of national framework undertaken and recommendations actioned.	Royal Australasian College of Physicians (RACP), NHLF, NACCHO, Affiliates, ACCHOs, Health, health service providers

Action	Deliverables by 2018	Deliverables by 2023	Lead entity
Strategy 1C: Whole-of-life cycle health interventions are accessible and have a strong focus on prevention and early intervention to prevent mental health conditions and illness, chronic health conditions and injuries from occurring, including disability.			
Increasing focus on prevention and early intervention strategies, improved patient journeys and continuity of services has reduced risk of chronic conditions, mental illness and injury occurring and ensured clinically competent, quality and accessible care has been provided.	Prevention and early intervention programmes (including programmes that focus on chronic diseases, e.g. including diabetes, cancer, heart health; oral, ear and eye health, mental health conditions and illness; suicide prevention; tobacco and alcohol and drug use) have been developed, supported and implemented.	Ongoing implementation and review of these programmes.	Health
	A National Strategic Framework for Chronic Conditions (NSFCC) that caters for shared health determinants, risk factors and multiple comorbidities across a broad range of chronic conditions (e.g. diabetes and cardiovascular disease) in a culturally appropriate manner has been developed and is being implemented.	Finalisation and implementation of the NSFCC.	Health
	Development and implementation of a National Diabetes Strategy.	Implementation and review of the strategy.	Health
	A coordination mechanism has been established to undertake a nutrition framework gap analysis and address identified gaps. ⁶	Identified actions implemented and reviewed.	Health, PM&C
	The Implementation Plan under the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss 2014 has been implemented.	The Implementation Plan has been reviewed and recommendations actioned.	Health
	The National Road Safety Strategy 2011–2020 has been implemented.	Implementation of the National Road Safety Strategy has been reviewed and recommendations addressed.	Department of Infrastructure and Regional Development
Aboriginal and Torres Strait Islander peoples with a disability and their families and carers have access to community-based disability and respite care services.	Implementation of the National Disability Insurance Scheme.	Review of the implementation of the National Disability Insurance Scheme and recommendations addressed.	DSS, ATSIMHSPAG
Health assessments, including mental health, are maximised across the life cycle to promote early detection, management and clinical care.	Rates of health assessments increase in line with goals.	Goals achieved.	Health, NHLF, ATSIMHSPAG

⁶ The nutrition framework gap analysis should address issues such as oral health, increasing knowledge and awareness, health literacy of parents, affordability, access, storage capability, the development of a 'nutritional risk' scheme and food security.

Action	Deliverables by 2018	Deliverables by 2023	Lead entity
Aboriginal and Torres Islander peoples are able to access culturally appropriate mental health and social and emotional wellbeing services	Finalisation and implementation of the draft National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2014–2019, subject to the Government's authorisation to proceed.	Subject to the Government's authorisation to proceed, ongoing implementation and review of these strategies.	Health, PM&C, National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH), ATSIMHSPAG
	Implementation of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, pending authorisation to proceed in the Government's response to the National Mental Health Commission Report.	Review of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, pending authorisation to proceed in the Government's response to the National Mental Health Commission Report.	Health, PM&C, NATSILMH, ATSIMHSPAG
	The Government's response to the National Mental Health Commission Report has addressed the needs of Aboriginal and Torres Strait Islander peoples as a priority group.	Implementation and review of the recommendations in the Government's response to the Report of the National Review of Mental Health Programmes and Services prepared by the Mental Health Commission.	Health, PM&C, NHLF, NACCHO, Affiliates, ATSIMHSPAG
	Social and emotional wellbeing and alcohol and other drug services have been funded under the Indigenous Advancement Strategy (IAS).	Incorporation of relevant IAS activity into future Implementation Plans.	PM&C, ATSIMHSPAG, NACCHO Affiliates, ACCHOs
Where relevant, the Medicare Benefits Schedule (MBS) review and the Primary Health Care review have effectively responded to Aboriginal and Torres Strait Islander concerns.	Where relevant, the MBS review and Primary Health Care review have considered how services can be better aligned with contemporary clinical evidence and support general practitioners (GPs) to provide culturally safe care to improve health (including mental health) outcomes for Aboriginal and Torres Strait Islander patients.	Findings of the reviews implemented.	Health, NHLF, NACCHO, Affiliates, ATSIMHSPAG



Action	Deliverables by 2018	Deliverables by 2023	Lead entity
Strategy 1D: Improved regional planning and coordination of health care services across sectors and providers.			
Engagement and partnership processes have been used to drive continuous planning processes, workforce development and equitable service delivery.	States and territories, the Australian Government and NACCHO Affiliates have prepared and implemented work plans that address regional health plan priorities as required under their respective framework agreements (e.g. access to hospital, dental and sexually transmissible infection services) ⁷	Work plans have been reviewed and findings implemented.	Health, states and territories,, NACCHO Affiliates
	Health needs and workforce development requirements have been considered in the development of the PM&C and Primary Health Networks planning processes.	Alignment between regional plans and the Implementation Plan.	Health, PM&C, NACCHO, Affiliates, ACCHOs
	Formal mechanisms (e.g. partnerships) for cooperation between governments, ACCHOs, Primary Health Networks, private sector and other service providers to improve patient journeys.	Mechanisms reviewed and recommendations implemented.	Health, NACCHO, Affiliates, ACCHOs
	Existing accreditation arrangements to promote improved patient journeys for Aboriginal and Torres Strait Islander peoples in secondary and tertiary care have been implemented, monitored and reviewed.	Findings of the reviews have been responded to.	Australian Commission on Safety and Quality in Health Care, Health
Coordination of policy and programme planning across Australian Government mental health, alcohol and other drug, and social and emotional wellbeing investments.	Australian Government mental health, social and emotional wellbeing, alcohol and drug use, and suicide prevention strategies have been coordinated.	Review the approach and make recommendations for application to improved coordination of other integral policy and strategy areas.	Health, PM&C, NACCHO, Affiliates, ATSIMHSPAG
Support for Aboriginal and Torres Strait Islander peoples to engage with health prevention programmes has been provided.	Existing local, regional, state and territory activity has been reviewed to assess health literacy and a coordinated strategy to address health literacy implemented.	Health literacy has been included in policy development, planning, implementation and evaluation of programme designed to reduce health and wellbeing disparities for Aboriginal and Torres Strait Islander peoples.	Australian Commission on Safety and Quality in Health Care, Health, NACCHO, Affiliates, ACCHOs

Strategy 1E: The ACCHOs and mainstream health sector workforces are capable of meeting the needs of Aboriginal and Torres Strait Islander peoples.

Support, grow and increase the capability of the workforce (including medical and allied health professionals, nurses, midwives, Aboriginal health workers etc.) to meet current and future Aboriginal and Torres Strait Islander health needs.	The existing National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015) and work plan have been implemented.	This framework will be reviewed in 2015 and a new framework developed by the Aboriginal and Torres Strait Islander Health Workforce Working Group Subcommittee.	Health, Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG)
	The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2011–2015) has been reviewed and a new framework developed and implemented.	Ongoing implementation, reviews and updates of the framework.	Health, ATSIHWWG

⁷ Hospital, dental and sexually transmissible infection services are the responsibility of state and territory governments.

Action	Deliverables by 2018	Deliverables by 2023	Lead entity
Training opportunities provided to further develop the skills of staff to meet current and future Aboriginal and Torres Strait Islander health service needs and increase retention levels.	Training needs of health sector staff working with Aboriginal and Torres Strait Islander peoples have been identified and addressed, including the development and delivery of new training programme.	This is an ongoing activity.	Health, NHLF, NACCHO, Affiliates
Health sector staff have ongoing access to electronic information and referral sources.	Capability of eHealth and existing commonly used websites (e.g. Raising Children Network) have been assessed and utilised efficiently.	Implementation of strategies to use technology effectively.	Health, DSS, NACCHO, Affiliates
	Standards for the use of tele-health strategies have been developed.	Implementation of the standards.	Health, NACCHO, Affiliates

Strategy 1F: Quality and completeness of data to support continued policy development and improved service design, planning and evaluation.

Identification of Implementation Plan goals to measure the outcomes of the Health Plan.	A data development plan, which identifies and measures new indicators to measure Health Plan outcomes, has been developed and implemented.	Indicators have been measured and goals identified.	Health, NHLF, AIHW, PM&C
Monitor and evaluate the effectiveness of the health system (including eHealth) in supporting quality and integrated care to improve health outcomes.	The Aboriginal and Torres Strait Islander Health Performance Framework has been used to guide programme development and reporting.	The Health Performance Framework has regularly assessed progress on key policy priorities relevant to this plan.	PM&C, AIHW
	Organisations can monitor their performance relative to others through National Key Performance Indicators (nKPI), CQI and Online Service Report data.	Data continues to be reviewed and indicators developed.	Health, NACCHO, Affiliates, ACCHOs
	At least 5% of National Health and Medical Research Council (NHMRC) funding is directed to Aboriginal and Torres Strait Islander health.	Ongoing.	NHMRC
	The importance of better health outcomes for Aboriginal and Torres Strait Islander peoples will be taken into account as part of the Medical Research Future Fund through the development of the Australian Medical Research and Innovation Strategy and the Australian Medical Research and Innovation Priorities.	Identified opportunities implemented.	Health, Medical Research Future Fund (once established)
	Promotion of research partnerships between policy makers, programme managers, service providers and researchers to evaluate the effectiveness of programme and share learnings and knowledge.	Partnership arrangements have continued to be supported and reviewed.	Health, NHMRC, Lowitja Institute, AIHW

Action	Deliverables by 2018	Deliverables by 2023	Lead entity
Improved identification as Aboriginal and Torres Strait Islander peoples in data collection sets.	Implementation of the AIHW and Australian Bureau of Statistics (ABS) Data Acquisition and Collection program (under the NIRA) has been reported to the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID).	AIHW and ABS data collection program has been reviewed and recommendations actioned.	ABS, AIHW, NACCHO Affiliates, ACCHOs, NAGATSIHID
Strengthened evidence base of knowledge across the life course and care continuum, in particular preventative health, including the factors that impact on childhood health and development.	Research developed within existing resources, approved and funded.	Increased knowledge about the factors that impact on childhood health and development and the consequences across the life course.	Health, NHMRC
	The 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey nutrition and biomedical data has been utilised to identify new evidence-based research and strategies to support good nutrition and physical activity choices and to identify unmet need in primary health care.	Implementation and review of strategies.	Health, NHMRC
	The feasibility of developing a National 'Nutritional Risk' Scheme for at-risk mothers, infants and children has been explored and responded to. ⁸	The application of the Scheme has been monitored if developed.	Health

⁸ The National 'Nutritional Risk' Scheme could address issues such as iron in the context of anaemia, folate levels, body mass index (BMI), appropriate levels of weight gain in pregnancy and healthy baby weight.



THE DOMAINS OF THE IMPLEMENTATION PLAN

2. MATERNAL HEALTH AND PARENTING

2. Maternal Health and Parenting

Vision

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

Context

Strengthening communities and kinship systems gives Aboriginal and Torres Strait Islander children belonging and protection. Ensuring that families are supported in a community context increases the security and safety of the family system.

Working collaboratively with Aboriginal and Torres Strait Islander mothers, fathers and families in a respectful and culturally competent way is important to positively shape the early experiences of children. The early years of development, starting in the womb, have the potential to impact on many aspects of health and wellbeing throughout the life course. Social and cognitive skills, habits, coping strategies and physical health are moulded during this critical period. This means that investment in preconception, antenatal and postnatal care is critical to closing the gap.

Local outreach services targeting pregnant women and families have proven to be successful in providing maternal and child health services. This domain supports actions that provide Aboriginal and Torres Strait Islander mothers and fathers with access to culturally appropriate and evidence based health information, antenatal and postnatal care, health checks for children, nursing and midwifery services, and practical advice and assistance with parenting.

Goals

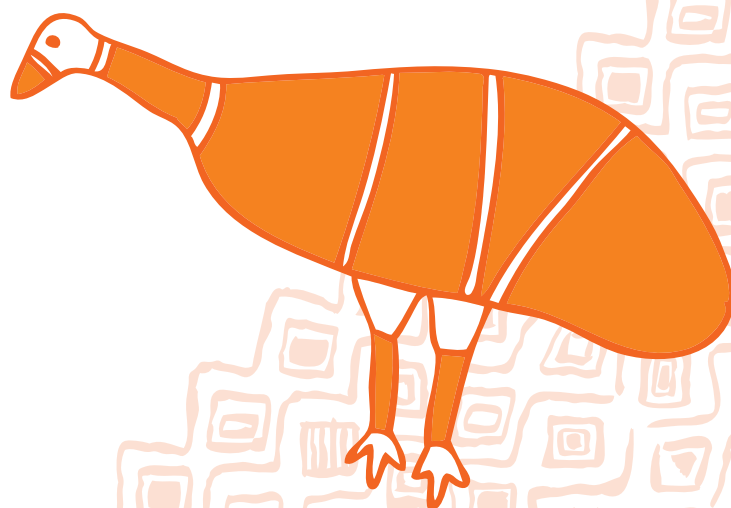
- Increase the rate of Aboriginal and Torres Strait Islander women attending at least one antenatal visit in the first trimester from 51% to 60% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander women attending at least five antenatal care visits from 84% to 90% by 2023.
- Decrease the rate of Aboriginal and Torres Strait Islander women who smoke during pregnancy from 47% to 37% by 2023.

Strategies

- 2A.** Aboriginal and Torres Strait Islander peoples have access to culturally appropriate health promotion programmes before and during pregnancy.
- 2B.** Aboriginal and Torres Strait Islander mothers and fathers have access to affordable, culturally appropriate and high-quality antenatal and postnatal services.
- 2C.** Extended family arrangements in Aboriginal and Torres Strait Islander communities are acknowledged and access broadened to parenting, childcare and early learning environment programmes and services.

Table 2: Actions and deliverables of the Maternal Health and Parenting domain

Actions	Deliverables by 2018	Deliverables by 2023	Lead entity
Strategy 2A: Aboriginal and Torres Strait Islander peoples have access to culturally appropriate health promotion programmes before and during pregnancy.			
Women of child-bearing age (and their partners) have access to sexual and reproductive health services to improve family planning, maternal wellbeing and infant outcomes.	MBS Adolescent Health Check diagnostic tool has been developed.	Use of the health check has been regularly reviewed and actions implemented as required.	Health
	Culturally appropriate family planning training for GPs, allied health practitioners and school teachers has been developed.	Review the effectiveness of the training and recommendations implemented as required.	Health, NACCHO Affiliates, ACCHOs, GP colleges, health professional organisations
	Strategies for increasing access for Aboriginal and Torres Strait Islander women to screening for fetal anomalies have been explored.	Implement and review strategies.	Health



Actions	Deliverables by 2018	Deliverables by 2023	Lead entity
New mothers and fathers have access to preconception and antenatal health promotion programmes (e.g. targeting smoking and the use of alcohol and other drugs in pregnancy).	Women are attending at least five antenatal visits, with at least one in the first trimester.	Health Plan goal achieved.	Health
	National Fetal Alcohol Spectrum Disorders (FASD) Action Plan has been implemented, including the development of prevention and health promotion resources.	Implementation of the National FASD Action Plan is reviewed and recommendations addressed.	Health
	A National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families has been agreed, disseminated and implemented.	Evaluation of the implementation of the framework.	Health
	New approaches to support reduction in smoking levels in pregnant women and families to reduce harm have been developed and implemented.	Goals achieved.	Health
	Australian, state and territory governments have considered how the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019 can be used to develop and implement relevant policies and programmes to reduce harmful consumption and use of other drugs by women having an Aboriginal and/or Torres Strait Islander baby.	Review of the strategies and programmes, and recommendations addressed.	AHMAC, Health
	Nutritional framework gap analysis considers actions responding to identified risks for pregnant mothers and infants (e.g. folate levels, Body Mass Index (BMI) and appropriate levels of weight gain during pregnancy) (see the Health Systems Effectiveness domain).	Identified actions implemented and reviewed.	Health
	Initiatives that increase access and take-up of smoking cessation (e.g. pharmacotherapy, culturally appropriate quit smoking programmes) have been supported.	Ongoing review.	Health
	The National Immunisation Program to increase uptake among Aboriginal and Torres Strait Islander families has been promoted.	Ongoing	Health
	Access to website materials (e.g. Raising Children Network) that provide culturally appropriate information to Aboriginal and Torres Strait Islander families and practitioners has been supported.	Ongoing	Health, DSS

Actions	Deliverables by 2018	Deliverables by 2023	Lead entity
---------	----------------------	----------------------	-------------

Strategy 2B: Aboriginal and Torres Strait Islander mothers and fathers have access to affordable, culturally appropriate and high-quality antenatal and postnatal services.

Mothers, fathers and carers have access to antenatal and postnatal services that address wellbeing, perinatal depression, maternal stress, smoking, alcohol and other drugs, and nutrition (consistent with the National Antenatal Care Guidelines), and provide support for breastfeeding, routine screening and antenatal care.	Development of measures to identify the most vulnerable families and at-risk regions to guide future New Directions: Mothers and Babies Services and Australian Nurse-Family Partnership Program (ANFPP) expansions, including a specific module to be added to the ANFPP to reduce the risk and impact of domestic violence (announced as part of the Women's Safety Package).	Metrics inform future expansions of New Directions and ANFPP.	Health, NACCHO, Affiliates
Mothers, fathers and carers of Aboriginal and Torres Strait Islander children have a continuing connection with health services beyond the antenatal period.	Strategies have been developed and implemented.	Strategies have been reviewed and recommendations addressed.	Health
Mothers, fathers and carers have access to culturally appropriate birthing options.	The National Maternity Services Action Plan has been implemented and reviewed.	Review recommendations are addressed.	Health
	Birthing on Country report has been finalised and pilot sites selected.	Pilot review recommendations are addressed.	Health
	Exploration of the appropriateness, effectiveness and cost effectiveness of Midwifery Group Practice initiatives has been undertaken.	Recommendations are implemented.	Health

Strategy 2C: Extended family arrangements in Aboriginal and Torres Strait Islander communities are acknowledged and access broadened to parenting, childcare and early learning environment programs and services.

Mothers, fathers and carers have access to positive parenting information and support services.	Aboriginal health partnership forums with states and territories will consider the incorporation of parenting programmes in their respective action plans.	Implementation of the forum work plans reviewed and recommendations addressed.	Health, PM&C, NACCHO, Affiliates
Childcare and early learning environment programmes will be addressed in the Social and Cultural Determinants of Health domain in more detail in a revised Implementation Plan.	Support integrated services models through early childhood community hubs.	Integrated services models reviewed and recommendations addressed.	DSS, PM&C, Health





THE DOMAINS OF THE IMPLEMENTATION PLAN

3. CHILDHOOD HEALTH AND DEVELOPMENT

3. Childhood Health and Development

Vision

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

Context

Strong identity and pride in being an Aboriginal and Torres Strait Islander child is central to facilitating strong, resilient children who are able to negotiate the world. Using cultural knowledge and teaching enables children and their families to draw on their strengths, feel pride and confidence, and ensure holistic health for their children.

Early childhood is when children develop a range of essential capabilities, including social, emotional, language, cognitive and communication skills that form the foundations for formal learning and relationships in later life and identity. In middle childhood physical and mental development occurs, and learning and social behaviours are established. We know that early engagement with mothers, fathers, their families and carers emphasises a whole-of-family responsibility for children's health, including elders and grandparents. Early childhood development programmes that include access to childhood education, family support and parenting are a highly effective means of reducing health inequalities and providing life-long benefits and educational and economic achievement. A focus on environmental factors (e.g. poverty, poor and overcrowded living conditions and poor hygiene) can also reduce the risk of poor health. This domain includes actions that enhance the achievement of developmental milestones, support immunisation, and integrate education, family and support services.

Goals

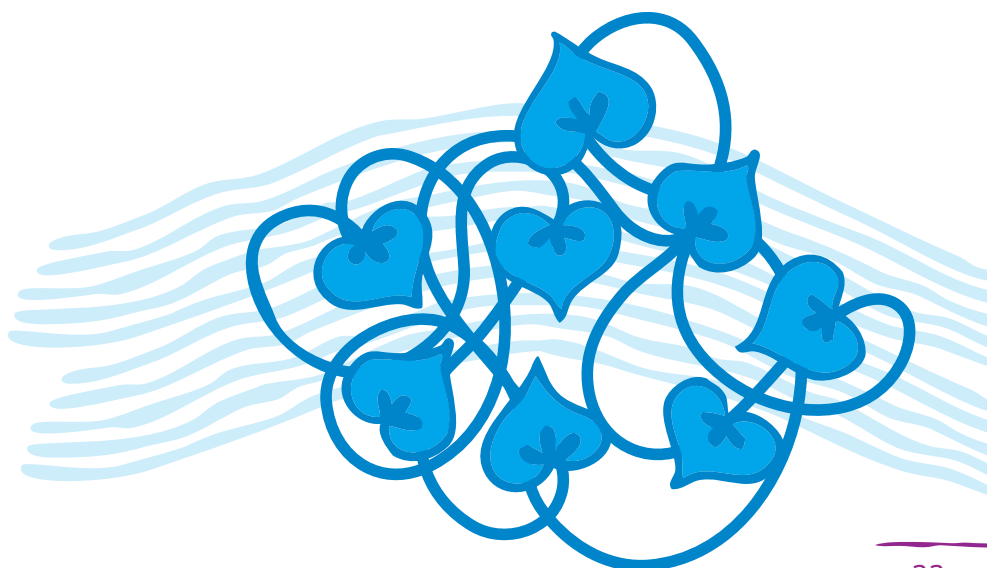
- Increase the rate of Aboriginal and Torres Strait Islander children 0–4 years who have at least one health check in a year from 23% to 69% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander children at age 1 who are fully immunised from 85% to 88% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander children at age 2 who are fully immunised from 91% to 96% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander children at age 5 who are fully immunised from 92% to 96% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander children 5–14 years who have at least one health check in a year from 18% to 46% by 2023.

Strategies

- 3A.** Aboriginal and Torres Strait Islander children, their mothers, fathers, extended families and carers are able to access culturally appropriate, evidence-based, early health diagnosis and coordinated and quality treatment services.
- 3B.** Aboriginal and Torres Strait Islander mothers, fathers and carers are able to access culturally appropriate and evidence-based services and education and training opportunities that improve their capability to support children in learning environments.

Table 3: Actions and deliverables of the Childhood Health and Development domain

Action	Deliverables by 2018	Deliverables by 2023	Lead entity
Strategy 3A: Aboriginal and Torres Strait Islander children, their mothers, fathers, extended families and carers are able to access culturally appropriate, evidence-based, early health diagnosis and coordinated and quality treatment services.			
Evidence-based national and local frameworks have been developed and implemented to identify and address children's early health diagnosis and treatment service gaps in a coordinated and culturally appropriate manner.	An evidence-based interdisciplinary planning framework to support coordinated, integrated action on childhood health and development at the local level has been developed and implemented.	Framework is implemented, reviewed and incorporated into the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families 2009–2020 for action.	Health, ACCHOs, NACCHO, Affiliates
	Use the Australian Early Development Census (AEDC) as an input to priority setting and planning for health services.	Ongoing review of AEDC outcomes as a measure of impact of the Better Start To Life programme.	Department of Education and Training
	Strengths-based family assessment tools are piloted to facilitate a consistent approach to assessment and referral to support services (e.g. Australian Research Alliance for Children and Youth (ARACY) Common Approach)	Pilot review recommendations are actioned.	ACCHOs, DSS, Health
	A bilateral partnership with DSS has been established to identify and implement responsibilities under the National Framework for Protecting Australia's Children.	Responsibilities reviewed and actioned.	Health, DSS



Action	Deliverables by 2018	Deliverables by 2023	Lead entity
Aboriginal and Torres Strait Islander children have access to foundational services and health assessments.	An increased proportion of children receive an annual health check.	Health Plan goal achieved.	Health, ACCHOs
	Systems and capability of GPs to undertake health check assessments on children have been improved.	Ongoing	Health, Royal Australian College of General Practitioners, NACCHO, Affiliates
	Actions for maintaining access to quality hearing services for Aboriginal and Torres Strait Islander children through the Australian Government's Hearing Services Program have been considered in partnership with relevant state and Australian Government programmes.	Review the programme and action recommendations.	Health
	Actions for improving access to dental and oral health care services have been considered in partnership with states and territories in the Agreement Framework review discussions. ⁹	Review strategies and action recommendations.	Health, NACCHO, Affiliates

Strategy 3B: Aboriginal and Torres Strait Islander mothers, fathers and carers are able to access culturally appropriate and evidence-based services and education and training opportunities that improve their capability to support children in learning environments.

Parents and carers have access to positive parenting information and programmes.	The Home Interaction Program for Parents and Youngsters (HIPPY) has been rolled out to a total of 50 Aboriginal and Torres Strait Islander-focused sites.	Review of the programme and implementation of recommendations.	DSS
	Strengths-based family assessment tools have been piloted (e.g. ARACY Common Approach).	Findings of pilots have been considered and acted upon.	ACCHOs, Health
	Aboriginal and Torres Strait Islander health partnership forums with states and territories have considered the incorporation of parenting programmes in their respective action plans.	Implementation of the agreement reviewed and recommendations addressed.	Health
Other strategies will be included in the Social and Cultural Determinants of Health domain in a revised Implementation Plan.			Health

⁹ Consideration given to community water fluoridation, workforce competency requirements and the feasibility of introducing a child dental benefits scheme.



THE DOMAINS OF THE IMPLEMENTATION PLAN

4. ADOLESCENT AND YOUTH HEALTH

4. Adolescent and Youth Health

Vision

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

Context

Preserving and sharing cultural heritage gives young people a sense of the future and strengthens their identity. Being part of an active community with influence ensures that protective resilience factors are being supported for young people. A strong foundation of positive cultural identity is important for health and wellbeing, for community safety and strength, and for successful engagement in education and work.

Aboriginal and Torres Strait Islander youth are the leaders of tomorrow. They are being supported to be positive role models and participate in decisions that affect them, their future and their communities. Leadership among Aboriginal and Torres Strait Islander youth is enhanced by a strong sense of identity and connection to culture.

This domain supports actions that will create environments for young people to increase health literacy and make healthy choices, identify and address health issues early, and excel in avenues such as sport, music, art and education to achieve their aspirations.

Goals

- Reduce the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who smoke from 19% to 9% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who have never smoked from 77% to 91% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander youth aged 18–24 years who have never smoked from 42% to 52% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander youth aged 15–24 years who have at least one health check in a year from 17% to 42% by 2023.

Strategies

- 4A.** Young people have a voice in the development and implementation of programmes and policies that are affecting them.
- 4B.** Young people are supported to be resilient and make informed and healthy choices about living, including being proud of identity and culture.
- 4C.** Young people are able to access culturally appropriate and non-racist services that address health risk behaviours.
- 4D.** Young people have good education and good employment prospects.¹⁰

Table 4: Actions and deliverables of the Adolescent and Youth Health domain

Actions	Deliverables by 2018	Deliverables by 2023	Lead entity
Strategy 4A: Young people have a voice in the development and implementation of programmes and policies that are affecting them.			
The health service needs of young people are better understood and responded to.	National youth health policy and programme coordination mechanism established to facilitate patient journeys and identify and address service gaps.	Ongoing	Health, NACCHO, Affiliates
Young people contribute to the development, implementation and review of relevant national health strategies and programmes.	A consultative mechanism will be established to enable young people to contribute to the operationalisation of the Implementation Plan and national youth health policy and programme coordination.	Ongoing	Health, PM&C, NHLF
Young people contribute to the development of services that meet identified needs.	ACCHOs will be encouraged and supported to involve local youth in regional planning initiatives, and consideration given to the utilisation of the CQI-based approach to monitor and improve outcomes.	Ongoing	Health, PM&C, NHLF
	Young people have been supported to be leaders/role models in their communities by having access to role models and mentoring programmes (e.g. Aboriginal Kinship Group (Grannies group)).	Ongoing	Health, PM&C

¹⁰ This is addressed also in the Social and Cultural Determinants of Health domain.

Actions	Deliverables by 2018	Deliverables by 2023	Lead entity
Access to services that address chronic conditions is covered in Health Systems Effectiveness domain.			
Strategy 4B: Young people are supported to be resilient and make informed and healthy choices about living, including being proud of identity and culture.			
Proportion of adolescents with health checks continues to increase.	New approaches that enable young men and women to make healthy decisions about pregnancy, birth and parenting a newborn in a way that takes account of their local context have been identified, piloted and reviewed.	Lessons from the pilots are acted upon.	Health, NACCHO, Affiliates
	The proportion of teenagers who never take up smoking continues to increase.	Review of prevention programmes such as the Tackling Indigenous Smoking Programme undertaken, and implementation of the findings.	Health, NACCHO, Affiliates
	The Fourth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2014–2017 has been implemented and progress against its aspirational targets has been reported.	The National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategies have been successively updated since 2005. It is anticipated that a national strategy in this area will continue into the future, building on the work done to date, and updated to reflect contemporary goals and objectives.	Health, NACCHO, Affiliates
	The National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social Wellbeing 2014–2019 and the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019 have been finalised and implemented.	Ongoing implementation and review.	PM&C, Health
	Implementation of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, pending authorisation to proceed in the Government's response to the National Mental Health Commission Report.	Ongoing implementation and review.	Health, PM&C
The Australian Government has worked together with Aboriginal and Torres Strait Islander peoples to support culture and strengthen the capacity of Aboriginal and Torres Strait Islander organisations so they are well run and deliver stronger outcomes for Aboriginal and Torres Strait youth.	Actions to be addressed in a revised Implementation Plan.		

Actions	Deliverables by 2018	Deliverables by 2023	Lead entity
---------	----------------------	----------------------	-------------

Strategy 4C: Young people are able to access culturally appropriate and non-racist services that address health risk behaviours.

Young people are able to access affordable early intervention services.	The feasibility of introducing a culturally appropriate standardised MBS health check for adolescents (including sexual and reproductive health) has been considered.	Dependent on outcomes of feasibility analysis. Guidance and training for GPs developed and implemented.	Health
	Barriers and enablers to human papillomavirus (HPV) and influenza immunisations have been investigated and addressed.	Data on the new Australian School Vaccination Register and Australian Childhood Immunisation Register demonstrate improved immunisation coverage rates for young Aboriginal and Torres Strait Islander peoples.	Health

Strategy 4D: Young people have good education and good employment prospects.

Other strategies will be included in a revised Implementation Plan.			
---	--	--	--





THE DOMAINS OF THE IMPLEMENTATION PLAN

5. HEALTHY ADULTS

5. Healthy Adults

Vision

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

Context

Respecting self and others is an important cultural value that guides communities. Drawing on the resilience of generations to forge new pathways builds people's capacity to lead and support change. Using cultural skills and knowledge in the way that Aboriginal and Torres Strait Islander people work increases the value and reward that is felt, including utilising traditional medicines and healing practices.

Healthy Aboriginal and Torres Strait Islander adults are able to be active contributors to the social and economic development of their families and communities. Community-level programmes and services have supported healthy lifestyle behaviours, chronic disease prevention and management, and social and emotional wellbeing. They are supported by responsive health systems that provide optimal clinical care and address the social and cultural determinants of health. For adults to positively contribute to their families and communities, it is important that their physical, social, emotional and mental health is supported.

This domain supports initiatives that promote healthy lifestyles choices, reduce health risks, and focus on early identification and referral to clinical support services and treatment.

Goals

- Reduce the smoking rate among Aboriginal and Torres Strait Islander peoples aged 18 plus from 44% to 40% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander adults aged 25–54 years who have had at least one health check in a year from 23% to 63% by 2023.

Strategies

- 5A.** Aboriginal and Torres Strait Islander adults have access to primary prevention services for screening, early detection and treatment of major diseases.
- 5B.** Aboriginal and Torres Strait Islander adults have access to quality treatment services to manage chronic conditions.¹¹
- 5C.** Aboriginal and Torres Strait Islander adults contribute to the development of strategies and services that promote healthy behaviours, family cohesion, and social and emotional wellbeing.
- 5D.** Aboriginal and Torres Strait Islander adults are able to realise education, training and development outcomes.¹²

Table 5: Actions and deliverables of the Healthy Adults domain

Action	Deliverables by 2018	Deliverables by 2023	Lead entity
Strategy 5A: Aboriginal and Torres Strait Islander adults have access to primary prevention services for screening, early detection and treatment of major diseases.			
Early detection and diagnosis of major health conditions experienced by Aboriginal and Torres Strait Islander adults.	Aboriginal and Torres Strait Islander adults continue to have access to regular health assessment checks.	Health Plan goal achieved.	Health, NACCHO, Affiliates
	Aboriginal and Torres Strait Islander adults with Type 2 diabetes have regular haemoglobin A1c (HbA1C), blood and renal tests.	Implementation Plan goals achieved.	Health
	The feasibility of including an assessment of absolute cardiovascular risk and other validated indicators of risk in adult health checks for Aboriginal and Torres Strait Islander adults has been assessed.	Implementation of the feasibility findings.	Health, RACP
	Work with state and territory governments to explore how Aboriginal and Torres Strait Islander peoples in remote communities can improve access to screening procedures (e.g. cervical and breast screening).	Implement and review recommendations.	Health
Access to services that address chronic conditions is covered in the Health Systems Effectiveness domain.			
Strategy 5B: Aboriginal and Torres Strait Islander adults have access to quality treatment services to manage chronic conditions.			
Access to services that address chronic conditions and developing workforce capability is covered in the Health Systems Effectiveness domain.			
Strategy 5C: Aboriginal and Torres Strait Islander adults contribute to the development of strategies and services that promote healthy behaviours, family cohesion, and social and emotional wellbeing.			
Aboriginal and Torres Strait Islander adults contribute to local solutions to address unmet health needs.	ACCHOs are funded to engage locally to identify priorities and develop responses.	Ongoing.	Health, NACCHO, Affiliates
The revised Implementation Plan will address the social and cultural determinants of health.			
Strategy 5D: Aboriginal and Torres Strait Islander adults are able to realise education, training and development outcomes.			
These actions will be addressed in more detail in a revised Implementation Plan.			

¹¹ This is addressed in the Health Systems Effectiveness domain.

¹² This is addressed in Social and Cultural Determinants of Health domain.

THE DOMAINS OF THE IMPLEMENTATION PLAN

6. HEALTHY AGEING

6. Healthy Ageing

Vision

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

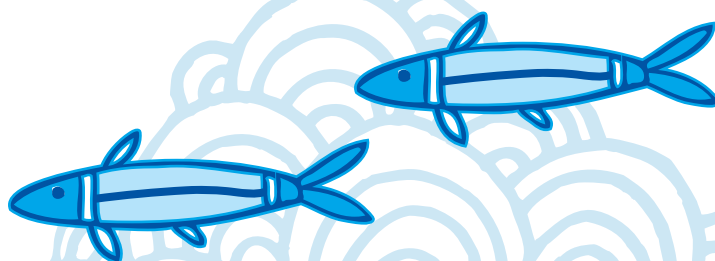
Context

Older Aboriginal and Torres Strait Islander people hold a unique place within their communities as they are held in deep respect within the family structure. They are role models, decision makers, care providers and educators. Connections to land and cultural traditions are central to personal and community wellbeing. Culturally responsive services and community supports that address ageing and promote social participation, that tackle abuse of elders and that increase access to an integrated culturally responsive aged care system are supported in this domain.

Strengthening the role of elders enables intergenerational mentoring. Elders build their wellbeing through reconnecting with their spiritual selves with a focus on mind, body and spirit to ensure that people are given space to grieve and heal.

Goals

- Increase the rate of Aboriginal and Torres Strait Islander adults aged 55 plus who have at least one health check in a year from 33% to 74% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander adults aged 50 plus who are immunised against influenza from 57% to 64% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander adults aged 50 plus who are immunised against pneumonia from 29% to 33% by 2023.



Strategies

- 6A.** Older Aboriginal and Torres Strait Islander people, their families and carers have access to culturally appropriate residential care and support.
- 6B.** Older Aboriginal and Torres Strait Islander people are supported to maintain their independence, good health, and social and cultural connections.
- 6C.** Health and aged care providers have the capability and skills to meet the health needs of older Aboriginal and Torres Strait Islander people.
- 6D.** Local elders and senior community members champion culturally appropriate health and wellbeing choices.

Table 6: Actions and deliverables of the Healthy Ageing domain

Action	Deliverables by 2018	Deliverables by 2023	Lead entity
Strategy 6A: Older Aboriginal and Torres Strait Islander people, their families and carers have access to culturally appropriate residential care and support.			
Culturally appropriate aged care models, including palliative care and end-of-life decision making for individuals, their families and carers, are developed and implemented.	Residential aged care, home care, the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) and the Commonwealth Home Support Programme are implemented within the quality frameworks and standards as required under the <i>Aged Care Act 1997</i> (Cth) or relevant agreement.	Ongoing reviews of, and compliance with, service standards.	Health, NACCHO, Affiliates
	The Dementia and Aged Care Services Fund has supported culturally appropriate and quality residential services for Aboriginal and Torres Strait Islander individuals and their families and carers.	Good practice is shared with other service providers.	Health
	The number of aged care places allocated through the NATSIFACP has increased to 850 places.	Review NATSIFACP and address recommendations.	Health
	Information, resources and service listings on the My Aged Care website (www.myagedcare.gov.au) have been reviewed, updated and coordinated.	Ongoing.	Health
Culturally appropriate strategies to address dementia are delivered and implemented.	Implementation of the National Framework for Action on Dementia 2015–2019.	Ongoing.	Health
Strategy 6B: Older Aboriginal and Torres Strait Islander people are supported to maintain their independence, good health, and social and cultural connections.			
Aboriginal and Torres Strait Islander people are immunised.	Target immunisation rates of older Aboriginal and Torres Strait Islander people have been achieved.	Ongoing.	Health, NACCHO, Affiliates
A gap analysis of Australian Government strategies relevant to older Aboriginal and Torres Strait Islander peoples' health has been undertaken to support ageing on country and to improve the patient journey from primary care to end-of-life decision making for individuals, their families and carers.	An action plan to support ageing on country has been developed and implemented.	Ongoing implementation and review.	Health, NACCHO, Affiliates

Action	Deliverables by 2018	Deliverables by 2023	Lead entity
Carers are supported to provide culturally appropriate care for older Aboriginal and Torres Strait Islander individuals, children, and people with a disability and/or special needs.	Development and implementation of the Integrated Plan for Carer Support Services, including the establishment of the national carer gateway (Dec 2015) and new Integrated Carer Support Service (2018).	Ongoing.	Health, NACCHO, Affiliates
	Information, resources and service listings on the My Aged Care website (www.myagedcare.gov.au) have been reviewed, updated and coordinated.	Ongoing.	Health
New ways of minimising the impact of chronic disease on older Aboriginal and Torres Strait Islander people have been investigated.	Explored in the Health Systems Effectiveness domain.		Health

Strategy 6C: Health and aged care providers have the capability and skills to meet the health needs of older Aboriginal and Torres Strait Islander people.

Community controlled and mainstream health and aged care service providers have the competencies to care for older Aboriginal and Torres Strait Islander people.	The Aboriginal and Torres Strait Islander Health Workforce Working Group Review Subcommittee has considered culturally safe care requirements for all health practitioners.	The framework has provided guidance on the development of policy and programmes.	Health, ATSIHWWG
	A Care Leavers ¹³ Information Package for mainstream aged care providers to ensure providers better understand the experiences of the Stolen Generations and the impact on their aged care needs has been disseminated.	Information package reviewed and updated.	Health

Strategy 6D: Local elders and senior community members champion culturally appropriate health and wellbeing choices.

Local elders and senior community members are recognised and valued as experts who can help improve local health and wellbeing outcomes.	Implementation and review of leadership and role model/mentoring programmes (e.g. the Aboriginal Kinship Program) has been supported.	Ongoing.	Health
	Workforce strategy gives consideration to how the health sector can work collaboratively with traditional healers and utilise the Community Development Program workforce.	Ongoing.	Health
	Further strategies will be considered in the Social and Cultural Determinants of Health domain in a revised Implementation Plan.		Health

¹³ The Care Leavers of Australia Network (CLAN) defines 'care leaver' as a person 'who grew up in what was called "care", outside of [their] families, but who now have left that "care"'; CLAN, 'About our Name', n.d. Accessed 11 July 2015 <www.clan.org.au/about/name>.





THE DOMAINS OF THE IMPLEMENTATION PLAN

7. SOCIAL AND CULTURAL DETERMINANTS OF HEALTH

7. Social and Cultural Determinants of Health

The health of Aboriginal and Torres Strait Islander peoples refers to the physical, social, emotional and cultural wellbeing of individuals, families and communities. The Health Plan identifies the importance of addressing environmental, economic and social inequalities, which are pivotal to achieving health equality. This requires action across key social determinants of health such as housing, education, employment, the alignment of programme goals across sectors of government and the development of collaborative cross-sectoral programmes at a local level.

The Health Plan also highlights the importance of culture in fostering resilience and contributing to identity, as well as creating a unique place within the Australian polity. Enabling, protecting and healing aspects of culture can include, but are not limited to, identity, traditional cultural practice, kinship, connection to land and nature, language, healing, spirituality, empowerment, ancestry and belonging, Aboriginal and Torres Strait Islander knowledge, and more.

The consultation process for developing the Implementation Plan identified strategies, actions and programmes that could be incorporated into this domain in future revisions. These are listed below and are indicative of recent feedback, but are not intended to be comprehensive of the matters that will be addressed in the future. Priority actions for the social and cultural determinants of health will focus on supporting the Australian Government's priorities in improving school attendance, employment participation and community safety.

Strategies

Extended family arrangements in Aboriginal and Torres Strait Islander communities are acknowledged and access broadened to childcare services, early learning programmes and other services.

Aboriginal and Torres Strait Islander parents and carers are able to access culturally appropriate and evidence-based parenting services and education and training opportunities.

Aboriginal and Torres Strait Islander youth are proud of their culture and identity.

Aboriginal and Torres Strait Islander adults achieve education, training and employment outcomes, including through the Community Development Program, which aims to re-engage unemployed adults and provide a clear pathway to real jobs.

Aboriginal and Torres Strait Islander adults contribute to the development of strategies and services that promote healthy behaviours, family cohesion and emotional wellbeing.

Local elders and community members champion culturally appropriate health and wellbeing choices.

Actions

Implementation of the Indigenous Advancement Strategy (IAS) by PM&C: the IAS supports actions across five programmes that take a comprehensive approach to the social and cultural determinants of health.

The five programmes are:

- Jobs, Land and Economy
- Children and Schooling
- Safety and Wellbeing
- Culture and Capability
- Remote Australia Strategies.

The IAS addresses the Australian Government's three priorities of improving school attendance and workforce participation, and building safe communities. These are key drivers in improving outcomes for Aboriginal and Torres Strait Islander peoples. Any work in these priority areas must be underpinned by improving the health and wellbeing of individuals, families and communities.

The IAS is coordinated through a regionally based PM&C network of regional managers who work with local communities to support actions that are responsive to the needs and environments of individual communities. They also facilitate collaboration and coordination across the Australian Government programmes.

PM&C will:

- support work across Australian Government agencies to build strong governance in organisations providing services to Aboriginal and Torres Strait Islander peoples, including promoting the benefits of incorporation under ORIC as appropriate, as most of the actions to address the social and cultural determinants of health are by government mainstream programmes;
 - collaborate with other Australian and state/territory government agencies and with communities and other non-government organisations to enhance the social determinants of health, with an initial focus on improving outcomes in school attendance and attainment, employment and safer communities; and
 - build partnerships at the local and regional level to coordinate actions addressing the social and cultural determinants of health, including collaborative action on regional planning to support effective and innovative local responses to high priority needs.
- Implementation of other relevant strategies, for example:
 - Remote Indigenous Housing Strategy
 - Flexible Literacy for Remote Primary Schools Programme
 - Community Development Program
 - Employment Services 2015–2020
 - National Indigenous Law and Justice Framework 2009–2015
 - National Plan to Reduce Violence Against Women and their Children 2010–2022
 - Remote School Attendance Strategy.



APPENDIX

APPENDIX A:

Implementation Plan Goals

Antenatal.

- Increase the rate of Aboriginal and Torres Strait Islander women attending at least one antenatal visit in the first trimester from 51% to 60% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander women attending at least five antenatal care visits from 84% to 90% by 2023.
- Decrease the rate of Aboriginal and Torres Strait Islander women who smoke during pregnancy from 47% to 37% by 2023.

Health checks

- Increase the rate of Aboriginal and Torres Strait Islander children 0–4 years who have at least one health check in a year from 23% to 69% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander children 5–14 years who have at least one health check in a year from 18% to 46% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander youth aged 15–24 years who have at least one health check in a year from 17% to 42% by 2023
- Increase the rate of Aboriginal and Torres Strait Islander adults aged 25–54 years who have had at least one health check in a year from 23% to 63% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander adults aged 55 plus who have at least one health check in a year from 33% to 74% by 2023.

Immunisation

- Increase the rate of Aboriginal and Torres Strait Islander children at age 1 who are fully immunised from 85% to 88% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander children at age 2 who are fully immunised from 91% to 96% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander children at age 5 who are fully immunised from 92% to 96% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander adults aged 50 plus who are immunised against influenza from 57% to 64% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander adults aged 50 plus who are immunised against pneumonia from 29% to 33% by 2023.

Smoking

- Reduce the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who smoke from 19% to 9% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander youth aged 15–17 years who have never smoked from 77% to 91% by 2023.
- Increase the rate of Aboriginal and Torres Strait Islander youth aged 18–24 years who have never smoked from 42% to 52% by 2023.
- Reduce the smoking rate among Aboriginal and Torres Strait Islander peoples aged 18 plus from 44% to 40% by 2023.

Diabetes

- Increase the rate of Aboriginal and Torres Strait Islander people with type 2 diabetes who have regular HbA1c checks from 65% to 69% by 2023.¹⁴
- Increase the rate of Aboriginal and Torres Strait Islander people with type 2 diabetes who have regular blood pressure tests from 65% to 70% by 2023.¹⁵
- Increase the rate of Aboriginal and Torres Strait Islander people with type 2 diabetes who have renal function tests from 65% to 69% by 2023.¹⁶

¹⁴ As this indicator is relevant across a number of domains it has not featured in a specific domain in the Implementation Plan.

¹⁵ As above

¹⁶ As above



APPENDIX B:

Closing the Gap Targets and Other Already Agreed Government Targets

- Close the gap in life expectancy in a generation by 2031.
- Halve the gap in mortality rates for children under 5 by 2018.
- Ensure access to early childhood education for all Indigenous 4 year olds in remote communities by 2013.
- Close the gap between Indigenous and non-Indigenous school attendance within five years by 2018.
- Halve the gap in reading, writing and numeracy achievements for Indigenous students by 2018.
- Halve the gap in Aboriginal and Torres Strait Islander students' Year 12 attainment rates by 2020.
- Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians by 2018.
- Increase the representation of Aboriginal and Torres Strait Islander employees across the Commonwealth public sector to 3 per cent by 2018.
- Three per cent of new domestic Commonwealth contracts will be awarded to Indigenous suppliers by 2020. Interim targets will apply from 1 July 2015 to drive and track performance.



APPENDIX C:

Strategies, Frameworks and Programmes Referred to in the Implementation Plan

Strategy, framework or programme	Description
AbStudy	AbStudy helps with costs for Aboriginal and Torres Strait Islander Australians who are studying or undertaking an Australian Apprenticeship. http://www.humanservices.gov.au/customer/services/centrelink/abstudy
Aboriginal and Torres Strait Islander Health Framework Agreements	The Aboriginal and Torres Strait Islander Health Framework Agreements are a trilateral partnership between the Australian Government, state and/or territory governments, and the relevant peak body in each jurisdiction. Revised Framework Agreements are scheduled to be executed in each state and territory before 2016. They will articulate how partners will work together to deliver health outcomes for Aboriginal and Torres Strait Islander peoples. The Framework Agreements will reference priorities identified in the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 and other relevant jurisdictional health plans. The Australian Government will use the Framework Agreements to guide future investment. A link will be provided on the Department of Health website. http://www.health.gov.au/
Aboriginal and Torres Strait Islander Health Performance Framework	The Aboriginal and Torres Strait Islander Health Performance Framework (HPF) was developed to support a comprehensive and coordinated effort across and beyond the health sector to address the complex and interrelated factors that contribute to health outcomes experienced by Aboriginal and Torres Strait Islander Australians. The biennial HPF report is the authoritative evidence base for Aboriginal and Torres Strait Islander health policy and is well recognised for its innovative approach to combining evidence from national data collections and research literature with policy analysis. The HPF report presents a high-level summary of data and policy analysis for sixty-eight performance measures across three tiers: • health status and outcomes; • determinants of health, including socioeconomic and behavioural factors; and • health system performance. http://www.health.gov.au/indigenous-hpf
Aboriginal Kinship Program (Grannies group)	Grannies group is a peer support network of Aboriginal grandparents who advocate on behalf of issues affecting their children, grandchildren and community. The aims of the group are: • to establish network and support systems within the group and community; • to reduce drug-related deaths in the Nunga community; • to create an awareness of drug issues and to offer support and encouragement for a community approach to resolving issues; • to ensure grandmothers and grandfathers can access financial assistance when caring for their grandchildren; • to ensure Aboriginal organisations that receive funding to service the Aboriginal community are accountable; and • to inform others within and outside the community about its purpose and hopes of achievement. http://www.healthinfonet.ecu.edu.au/key-resources/programmes-projects?pid=1216
Aboriginal Patient Journey Mapping Tools	This project provides a better understanding of the barriers and enablers to access, quality and continuity of care for country Aboriginal people travelling to and from city hospitals, and the development of strategies and tools that could improve the situation. http://www.lowitja.org.au/aboriginal-patient-journey-mapping-tools

Strategy, framework or programme	Description
Australian Bureau of Statistics (ABS) Data Acquisition and Collection program	The Data Acquisition and Collection program provides a comprehensive statistical data collection and dissemination service for the ABS and also encompasses administrative data acquisition. The Data Acquisition and Collection Branch is leading the Acquire@ABS program to transform collection operations through the introduction of an online reporting capability that will include the first digital Census of Population and Housing in 2016. http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/A8D454176B858BC8CA257B9500171057?opendocument
Australian Childhood Immunisation Register (ACIR)	A national register that records vaccinations given to children under 7 years of age. http://www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register Note: The Government has recently approved funding to expand ACIR to capture immunisation coverage data for all vaccines provided from birth to death in GP/community settings. The new register will be known as the Australian Immunisation Register and will be operational from late 2016.
Australian Early Development Census (AEDC)	The AEDC is a census that helps create a snapshot of early childhood development in Australia. This census takes place every three years and the next one will happen in 2015. As children enter their first year of full-time school, their teachers use the Early Development Instrument to take a research snapshot of that child's development. The Early Development Instrument measures five important areas of early childhood development. These five areas—also called domains—are closely linked to the children's health, education and social outcomes as they grow into adulthood. The five areas are: • physical health and wellbeing; • social competence; • emotional maturity; • language and cognitive skills (school-based); and • communication skills and general knowledge. http://www.aedc.gov.au/about-the-aedc
Australian Government Hearing Services Program	The Australian Government Hearing Services Program provides access to subsidised hearing services and devices for eligible people, and supports research that assists with reducing the incidence and consequences of hearing loss in the community. Program components include: • Voucher Program—enables eligible clients to obtain hearing services and devices from a national network of private hearing services providers and Australian Hearing; • Community Service Obligation—provides specialist services to children and other eligible groups such as complex adult clients and some Indigenous Australians; these services are delivered by Australian Hearing, the government provider under the portfolio responsibility of the Department of Human Services; • Funding programme relevant research—through the National Acoustic Laboratories and the NHMRC. www.hearingservices.gov.au
Australian Nurse-Family Partnership Program (ANFPP)	The ANFPP is an evidence-based programme that aims to improve pregnancy outcomes by helping women engage in good preventive health practices; support parents to improve their children's health and development; and help parents develop a vision for their own future, including continuing education and finding work. http://www.health.gov.au/internet/main/publishing.nsf/Content/irhd-child-maternal-health

Strategy, framework or programme	Description
Australian Research Alliance for Children and Youth (ARACY) Common Approach	The ARACY Common Approach, formerly the Common Approach to Assessment, Referral and Support (CAARS), is a practical and flexible way of improving the wellbeing of children, youth and families. It is an approach that is used by practitioners in the early childhood, family support, mental health, family relationships, health and education sectors. Agencies can access training and implementation support to adopt the Common Approach, which has been shown through independent evaluation to be an appropriate strategy to help reduce child abuse and neglect, through: • assisting in identifying and verifying early signs that a child or family needs support; • increasing practitioners' awareness of their role in the prevention of abuse and neglect; • assisting practitioners to think holistically about the strengths and needs of the child and family; and • assisting in the provision of support to children and families, before problems escalate into crises. http://www.aracy.org.au/projects/the-common-approach/the-common-approach
Australian School Vaccination Register	The first step to improve immunisation rates in adolescents and adults is to understand the current coverage of vaccines given to these groups. At present this is not well understood as there are no comprehensive national data collected for these vaccines, with the exception of HPV. Expanding the existing National HPV Vaccination Program Register to become the Australian School Vaccination Register will allow capture of all adolescent vaccines given through school-based programmes. This will provide the tools needed, such as recall and reminder systems, to improve adolescent coverage rates. This will mean that adolescent vaccinations delivered nationally in schools as part of the National Immunisation Program will be captured by the new, expanded register, including vaccinations for diphtheria, tetanus, pertussis (whooping cough), HPV and varicella (chicken pox). The Australian School Vaccination Register will be operational in the 2017 school year. http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/improving-immunisation-coverage-rates
Better Start to Life Approach	The Better Start to Life approach provides additional funding to expand child and maternal health services to provide additional support for Indigenous children to be healthy and ready for school. http://www.health.gov.au/internet/main/publishing.nsf/Content/irhd-child-maternal-health
Care Leavers Information Package	The Department of Social Services is developing an information package to raise the awareness of Care Leavers by aged care service providers. A Care Leaver is an adult who spent time in care as a child (that is, under the age of 18). This care could have been foster care, residential care (mainly children's homes) or another arrangement outside the immediate or extended family. The care could have been provided directly by the state through a court order, voluntarily, or by the private sector. http://www.myagedcare.gov.au/eligibility-diverse-needs/care-leavers
Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia	These guidelines are a result of a comprehensive assessment of the current scientific evidence. They provide detailed, evidence-based guidance for clinicians to assess and manage overweight and obesity, and give specific advice on weight management for: • adults and adolescents aged more than 18 years who have a BMI greater than 25 kg/m² and are at risk of, or have, one or more overweight or obesity-related comorbidities; • children and adolescents aged between 2 and 18 years who have a BMI greater than the 85th percentile according to the United States Center for Disease Control and Prevention or the World Health Organization (WHO) percentile charts; and • infants and children under 2 years of age who demonstrate rapid weight gain as assessed using WHO growth charts. http://www.health.gov.au/internet/main/publishing.nsf/Content/obesityguidelines-index.htm

Strategy, framework or programme	Description
Community Development Programme	The Australian Government is reforming the Remote Jobs and Communities Programme ((RJCP) to be renamed the Community Development Programme) to deliver better opportunities for remote job-seekers and foster stronger economic and social outcomes in remote Australia. The reforms, introduced on 1 July 2015, will: engage job seekers in work-like activities so they are active and contributing to their communities; provide stronger incentives for employment services providers and employers to retain job seekers in lasting employment; and fund new enterprises that provide jobs and work experience opportunities in remote communities. Under the reforms, all adults between 18 and 49 years who are not in work or study are required to undertake work-like activities for up to 25 hours per week, depending on their assessed capacity to work. The national Job Seeker Compliance Framework and mutual obligations apply to most job seekers, including RJCP job seekers. The participation requirements for RJCP are designed to reflect the unique labour market environment in remote Australia. Like in workplaces, there will be times when five days a week for the full 52 weeks a year is impractical. Job seekers will be allowed time off for caring or cultural responsibilities and during provider shut-down periods and public holidays such as Christmas and Easter (as agreed with their provider).
Commonwealth Home Support Programme (CHSP)	The CHSP will help frail, older people living in the community to maximise their independence through the delivery of timely, high quality entry-level support services taking into account each person's individual goals, preferences and choices—and underpinned by a strong emphasis on wellness and re-ablement. The CHSP will help frail older people stay living in their own homes for as long as they can and wish to do so. In recognition of the vital role that carers play, the CHSP also supports care relationships through providing respite care services for frail, older people, which allows regular carers to take a break from their usual caring responsibilities. http://www.dss.gov.au/chsp
Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004–2009	The framework aims to influence the corporate health governance, organisational management and delivery of the Australian health care system to adjust policies and practices to be culturally respectful and thereby contribute to improved health outcomes for Aboriginal and Torres Strait Islander peoples. http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-crf.htm
Dementia and Aged Care Services Fund (formerly the Aged Care Service Improvement and Healthy Ageing Grants (ACSIHAG))	In the 2015 Budget, ACSIHAG was redesigned and renamed the Dementia and Aged Care Services Fund. DACS provides flexible funding to deliver new and innovative, generally time limited, projects that address emerging priorities in Indigenous and mainstream aged care, particularly dementia, targeted measures to support Aboriginal and Torres Strait Islander people, culturally and linguistically diverse (CALD) and lesbian, gay, bisexual, transgender, and intersex (LGBTI) people. The new fund also provides direct support to Aboriginal and Torres Strait Islander people and people living in remote areas, through capital works and grants to support the implementation of the national Aboriginal and Torres Strait Islander Flexible Aged Care Programme.
Draft National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families	The draft framework is intended to guide the development, implementation and evaluation of maternal, child and family health services for Aboriginal and Torres Strait Islander peoples across Australia. The key outcomes of the framework are that: • service delivery is culturally appropriate and reflects a genuine partnership between service providers and Aboriginal and Torres Strait Islander children and families; • the best available evidence is used effectively in designing and implementing services; and • the health and wellbeing needs of Aboriginal and Torres Strait Islander families are better addressed through structured place-based approaches that are embedded in primary health care. https://consultations.health.gov.au/irhd/national-framework-for-health-services

Strategy, framework or programme	Description
Essential Service Standards for Equitable National Cardiovascular Care (ESSENCE)	In the second phase of the ESSENCE project, the South Australian Health and Medical Research Institute, through the Wardliparingga Aboriginal Research Unit, will undertake a one-year programme of work to progress the ESSENCE standards that were identified in the first phase of ESSENCE. This work will consist of two distinct projects: • the development of appropriate measurement indicators and key performance indicators for the ESSENCE Standards in order to monitor health system performance in providing cardiovascular care; and • the development and piloting of a primary health cardiovascular care resource kit and workshops to support regional primary care organisations to improve health service access for Aboriginal and Torres Strait Islander peoples. https://www.sahmri.com/user_assets/719369160e81d0ba20657c4cdeac0964bdff731/essence_booklet_pdf_201410.pdf
Flexible Literacy for Remote Primary Schools Programme	The Australian Government has allocated \$22 million over four years to the Flexible Literacy for Remote Primary Schools Programme to address the disparity in literacy outcomes of children in remote primary schools and their metropolitan peers through the delivery of two proven literacy teaching approaches (Direct Instruction and Explicit Instruction). Although the majority of Aboriginal and Torres Strait Islander peoples live in metropolitan areas, there is a higher population density of Aboriginal and Torres Strait Islander peoples in remote locations. The Government is also taking actions under the national Aboriginal and Torres Strait Islander Education Action Plan 2010–2014, which has a specific focus on school attendance. https://education.gov.au/flexible-literacy-remote-primary-schools
Fourth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2014–2017	The goal of this strategy is to reduce the transmission of and morbidity and mortality caused by blood-borne viruses and sexually transmissible infections and to minimise the personal and social impact of these infections in Indigenous communities. This strategy is one of five national strategies aimed at reducing blood-borne viruses and sexually transmissible infections in Australia. http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-atsi
Home Interaction Program for Parents and Youngsters (HIPPY)	HIPPY is a two-year home-based parenting and early childhood learning programme that empowers parents and carers to be their child's first teacher. The programme builds the confidence and skills of parents and carers to create a positive learning environment to prepare their children for school. The programme also offers some parents and carers a supported pathway to employment and local community leadership. More than \$100 million has been committed to HIPPY to support continuing programme delivery in the first 50 locations and expand the programme to an additional 50 locations, with a focus on delivery to Aboriginal and Torres Strait Islander families. The first 25 Indigenous-focused locations commenced programme delivery in 2014. The remaining 25 new locations and providers have now been selected and will be established in early 2016. https://www.dss.gov.au/our-responsibilities/families-and-children/programmes-services/early-childhood-child-care/home-interaction-program-for-parents-and-youngsters

Strategy, framework or programme	Description
Indigenous Advancement Strategy (IAS)	A new IAS began on 1 July 2014 and replaced more than 150 individual programmes and activities with five flexible, broad-based programmes: • Jobs, Land and Economy; • Children and Schooling; • Safety and Wellbeing; • Culture and Capability; and • Remote Australia Strategies. The objective of the IAS is to improve the lives of Indigenous Australians, with a particular focus on: • getting Indigenous Australians into work, fostering Indigenous business, and ensuring Indigenous people receive economic and social benefits from the effective management of their land and native title rights; • ensuring children go to school, improving literacy and numeracy, and supporting families to give children a good start in life; • increasing Year 12 attainment and pathways to further training and education; • making communities safer so that Indigenous people enjoy similar levels of physical, emotional and social wellbeing as that enjoyed by other Australians; • increasing participation and acceptance of Indigenous Australians in the economic and social life of the nation; and • addressing the disproportionate disadvantage in remote Australia. http://www.dpmc.gov.au/indigenous-affairs/about/indigenous-advancement-strategy
Indigenous Australians' Health Programme	The Indigenous Australians' Health Programme was established on 1 July 2014, consolidating four existing Indigenous health funding streams: primary health care base funding; child and maternal health activities; Stronger Futures in the Northern Territory (Health); and the Aboriginal and Torres Strait Islander Chronic Disease Fund. This provides more flexibility to ensure funding is allocated to where the need is greatest and reduces red tape and workloads for grant recipients. https://www.health.gov.au/Indigenous
Integrated Plan for Carer Support Services	The Australian Government has committed \$33.7 million over four years to establish a National Carer Gateway. The National Carer Gateway will help carers access information and support, and help them maintain their caring role, and is the first step in a longer-term plan to better support carers. Work on an Integrated Plan for Carer Support Services has commenced and will reflect Australian Government priorities for carers. The purpose of the plan is to outline practical actions to recognise, support and sustain the vital work of unpaid carers. A key priority is to streamline and better coordinate carer support services, which are currently fragmented and difficult to navigate. This work is critical to ensuring carer needs are recognised and supported as major reforms occur in the aged care and disability sectors. From December 2015, the National Carer Gateway will be the 'front door' to existing services for all carers, regardless of whom they care for, and will provide quick and relevant information about the supports and services available to them. https://www.dss.gov.au/disability-and-carers/news/2015/carer-support-services-national-carer-gateway
Medicare Benefits Schedule (MBS) fee summary	The fee summary lists Medicare services, which are subsidised by the Australian Government, managed by the Department of Health and administered by the Department of Human Services. The MBS outlines all Medicare item numbers for GPs, specialists and other health practitioners. http://www.racgp.org.au/your-practice/business/billing/mbs/

Strategy, framework or programme	Description
Medicare Benefits Schedule (MBS) Review Taskforce	The MBS Review Taskforce will consider how services can be aligned with contemporary clinical evidence and improve health outcomes for patients. The Australian Government is expected to spend more than \$20 billion on Medicare services in 2014–15. Currently, the MBS has more than 5500 services listed, not all of which reflect contemporary best clinical practice. Most of these services have never been formally assessed. The MBS Review Taskforce will consider how services can be aligned with contemporary clinical evidence and improve health outcomes for patients. Membership of the group includes doctors with expertise in general practice, surgery, pathology, radiology, public health and medical administration, who work across both the public and private health sectors, as well as consumer representation and academic expertise in health technology assessment. In addition, it is expected that a wide range of clinicians, consumers and other experts will be engaged in reviews in different areas. http://www.health.gov.au/internet/main/publishing.nsf/Content/MBSReviewTaskforce
Medical Research Future Fund (MRFF)	The Australian Government is looking to support the sustainability of the health system and drive medical innovation through transforming how health and medical research is conducted in Australia. As part of the 2014–15 Budget, the Government announced the establishment of the \$20 billion MRFF to provide a sustainable source of funding for vital medical research over the medium to longer term. Through the MRFF, the Government will deliver a major additional injection of funds into the medical research sector, complementing research funding allocated by the NHMRC. http://www.health.gov.au/internet/main/publishing.nsf/Content/mrff
Midwifery Group Practice (MGP)	Sometimes known as Caseload Midwifery, MGP enables women to be cared for by the same midwife (primary midwife) and supported by a small group of midwives throughout their pregnancy, during childbirth and in the early weeks at home with a new baby. Midwifery care focuses on women's individual needs, or woman-centred care. There are a growing number of MGPs in Australia. MGP may offer a range of options to women: • continuity of carer with one or two midwives; • full pregnancy care; • on call for women in labour and birth; • water birth; • homebirth; • birth centre births; and • postnatal care for six weeks. Most MGPs are in public hospitals; however, a growing number are private. Public hospitals often screen women for health risks before they are able to access the midwifery model of care. They may also be bound by geographical areas or limits on numbers. Both public and private group practices work with doctors, including obstetricians, when required. http://www.midwivesaustralia.com.au/?page_id=66
My Aged Care	The My Aged Care website has been established by the Australian Government to help navigate the aged care system. The gateway is part of the Australian Government's changes to the aged care system that have been designed to give people more choice, more control and easier access to a full range of aged care services. http://www.myagedcare.gov.au/about-us
National Aboriginal and Torres Strait Islander Cancer Framework (in preparation)	Cancer Australia is working with Menzies School of Health Research to develop a National Aboriginal and Torres Strait Islander Cancer Framework. The framework aims to define evidence-based priorities that can be used to inform the national cancer control agenda, and ultimately contribute to improved health and wellbeing for Aboriginal and Torres Strait Islander peoples with cancer and their families. http://canceraustralia.gov.au/about-us/news/invitation-contribute-development-national-aboriginal-and-torres-strait-islander-cancer-framework
National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP)	The NATSIFACP provides a mix of residential and community aged care services in a flexible way to older Indigenous people close to their home and community. https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/overview http://www.myagedcare.gov.au/#!/aboriginal-andor-torres-strait-islander-people

Strategy, framework or programme	Description
National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011–2015	The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011–2015 has been developed by the Aboriginal and Torres Strait Islander Health Workforce Working Group. The framework embraces an aspirational target of 2.6% of the Australian health workforce being Aboriginal or Torres Strait Islander by 2015. The expected impact of the framework will be: • increased and improved recruitment and retention of Aboriginal and Torres Strait Islander peoples in the health sector; • improved delivery of education and training of Aboriginal and Torres Strait Islander peoples to prepare them for work in the health sector and support ongoing professional development in the workplace; • improved education and training of all health professionals to ensure they have the skills and understanding to provide health services that meet the needs and expectations of Aboriginal and Torres Strait Islander peoples and effectively equip staff with appropriate cultural knowledge. http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-natsihwsf
National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019 (NATSIPDS)	The NATSIPDS has been developed as a guide for governments, communities, service providers and individuals to identify key issues and priority areas for action relating to the harmful use of alcohol and other drugs. The overarching goal of the strategy is to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples by preventing and reducing the harmful effects of alcohol and other drugs on individuals, families and their communities. The strategy is currently going through the approval process, and once approved by Ministers will be made publically available. A link will be provided on the Department of Health website. http://www.health.gov.au/
National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013–2023	The objective of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy is to reduce the cause, prevalence and impact of suicide on Aboriginal and Torres Strait Islanders, their families and communities. The strategy encompasses the Aboriginal and Torres Strait Islander peoples' holistic view of mental health, physical, cultural and spiritual health and has an early intervention focus that works to build strong communities through more community-focused and integrated approaches to suicide prevention and commits the government to genuinely engaging with Aboriginal and Torres Strait Islander peoples to develop local, culturally appropriate strategies to identify and respond to those most at risk within our communities. http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pub-atsi-suicide-prevention-strategy
National Antenatal Care Guidelines	In November 2010 all Health Ministers agreed to the National Maternity Services Plan, which included the development of National Evidence-Based Antenatal Care Guidelines, as a priority under Action 2.1: Ensure Australian maternity services provide high-quality, evidence-based maternity care. Development of the guidelines has been coordinated by the Australian Government in collaboration with state and territory governments. The guidelines are designed to support Australian maternity services to provide high-quality, evidence-based antenatal care to healthy pregnant women. They are intended as a standard reference for health professionals who contribute to antenatal care, including midwives, general practitioners, obstetricians, maternal and child health nurses, Aboriginal and Torres Strait Islander health practitioners, Aboriginal and Torres Strait Islander health workers, multicultural health workers, practice nurses, sonographers and allied health professionals. The recommendations in the guidelines cover a wide range of care, including routine physical examinations, screening tests, and social and lifestyle advice for women with an uncomplicated pregnancy. By providing a summary of the currently available evidence on many aspects of antenatal care, the guidelines aim to promote consistency of care and improve the experience and outcomes of antenatal care for all families. The guidelines complement the Australian Dietary Guidelines, the Australian Guidelines to Reduce Health Risks from Drinking Alcohol, the National Perinatal Depression Initiative and the Australian National Breastfeeding Strategy 2010–2015. http://www.health.gov.au/antenatal

Strategy, framework or programme	Description
National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care	The Department of Health is undertaking a multi-level approach to embedding CQI in clinical practices in ACCHOs. This includes developing a National CQI Framework and Implementation Plan, expanding the CQI elements of the Healthy for Life programme, and putting in place the system-level supports required to undertake and embed CQI at the service level. CQI can be defined as making continuous effort to test how well systems are working and the quality of care being given to bring about lasting improvement. It focuses on improving systems. CQI is included in the Purchasing and Performance Framework as a desired organisational characteristic for ACCHOs. http://www.health.gov.au/internet/main/publishing.nsf/Content/cqi-framework-atsih
National Diabetes Strategy	Recognising the social and economic burden of diabetes, the commitment to develop a new National Diabetes Strategy was made by the Australian Government in the context of the 2013 federal election. Developing a new National Diabetes Strategy provides a valuable opportunity to take stock of approaches to diabetes services and care, consider the role of governments at all levels and other stakeholders, look at where efforts and investments are currently being made and how well this matches needs, and articulate a vision for prevention, detection, management and research efforts. The strategy will seek to better coordinate and target existing health resources across all levels of government, and will consider high-risk populations such as Aboriginal and Torres Strait Islander peoples. http://www.health.gov.au/internet/main/publishing.nsf/Content/ndsag
National Disability Insurance Scheme	The National Disability Insurance Scheme is designed to improve disability services by providing greater control and choice to people with disability, their families and carers. It is being trialled in a number of locations across Australia to ensure it meets the needs of people with disability. Roll-out of the full scheme in Victoria, Queensland, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory will commence progressively from July 2016. Early transition will commence in New South Wales from July 2015. http://www.ndis.gov.au/
National Disability Strategy 2010–2020	The National Disability Strategy 2010–2020 provides a 10 year national policy framework for all levels of government to improve the lives of people with disability. The Strategy seeks to drive a more inclusive approach to the design of policies, programmes and infrastructure so that people with disability can participate in all areas of Australia life. It draws on the findings of extensive consultation conducted in 2008–09 by the National People with Disabilities and Carer Council and reported in Shut Out: The Experience of People with Disabilities and their Families in Australia (Australian Government, 2009). http://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/government-international/national-disability-strategy-shut-out-report www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/government-international/national-disability-strategy-shut-out-report The Australian Government is developing a plan to improve outcomes for Aboriginal and Torres Strait Islander peoples with disability that will sit alongside the strategy's second Implementation Plan. (www.dss.gov.au/nds)
National Fetal Alcohol Spectrum Disorders (FASD) Action Plan	The Department of Health has made significant investment over several years in improving our understanding of FASD in Australia. The FASD Action Plan will help to inform future direction to address the harmful impact of FASD on children and families, taking into account the many complex social and medical issues involved. http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-drugs-alcohol-index.htm

Strategy, framework or programme	Description
National Framework for Action on Dementia 2015–2019	The National Framework for Action on Dementia 2015-2019 has been finalised and published following joint endorsement from the Australian Health Ministers on 7 August 2015. The needs of people from an Aboriginal or Torres Strait Islander background have been recognised in the Framework, specifically the tailoring of early support services for people with diverse and special needs who have particular challenges when accessing services, including Aboriginal and Torres Strait Islander communities. https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/older-people-their-families-and-carers/dementia/national-framework-for-action-on-dementia-2015-2019
National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss (2014)	This framework sets out a strategic national framework for action for the promotion of eye health and the prevention of avoidable blindness. It aims to provide a blueprint for nationally coordinated action by governments, health professionals, non-government organisations, industry and individuals to work in partnership. http://www.health.gov.au/internet/main/publishing.nsf/Content/eyehealth-pubs-frame
National Framework for Protecting Australia's Children 2009–2020	This framework outlines six supporting outcomes and provides details about how each outcome will be achieved. The six supporting outcomes are: • children live in safe and supportive families and communities; • children and families access adequate support to promote safety and intervene early; • risk factors for child abuse and neglect are addressed; • children who have been abused or neglected receive the support and care they need for their safety and wellbeing; • Indigenous children are supported and safe in their families and communities; and • child sexual abuse and exploitation is prevented and survivors receive adequate support. https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business
National Immunisation Program (NIP)	NIP is a joint Australian Government and state and territory initiative that aims to maintain and, where possible, increase national immunisation rates by funding free vaccination for eligible Australians to protect against vaccine-preventable diseases; administering the Australian Childhood Immunisation Register and the National HPV Vaccination Program Register; and communicating information to the general public and health professionals about immunisation. The NIP Schedule lists the sixteen indicated vaccine-preventable diseases targeted by the programme and recommended ages at which the funded vaccines should be administered. www.immunise.health.gov.au
National Indigenous Law and Justice Framework 2009–2015	The National Indigenous Law and Justice Framework is a national approach to addressing the serious and complex issues that mark the interaction between Aboriginal and Torres Strait Islander peoples and the justice systems in Australia to: • improve all Australian justice systems so that they comprehensively deliver on the justice needs of Aboriginal and Torres Strait Islander peoples in a fair and equitable manner; • reduce over-representation of Aboriginal and Torres Strait Islander offenders, defendants and victims in the criminal justice system; • ensure that Aboriginal and Torres Strait Islander peoples feel safe and are safe within their communities; • increase safety and reduce offending within Indigenous communities by addressing alcohol and substance abuse; and • strengthen Indigenous communities through working in partnership with government and other stakeholders to achieve sustained improvements in justice and community safety. https://www.ag.gov.au/LegalSystem/Legalaidprogrammes/NationalIndigenousLawandJusticeFramework/Documents/National%20Indigenous%20Law%20and%20Justice%20Framework.pdf

Strategy, framework or programme	Description
National Maternity Services Action Plan 2010	The National Maternity Services Plan 2010 recognises the importance of maternity services within the health system and provides a strategic national framework, as endorsed by state, territory and Australian governments, for the five-year period 2010–2015. The plan focuses on maintaining Australia's high standard of safety and quality in maternity care, while seeking to improve access to services and choice in models of care. Key considerations include increasing and supporting the maternity workforce and strengthening infrastructure, as well as building the evidence base on what works well in Australia. Action 2.2 Develop and expand culturally competent maternity care for Aboriginal and Torres Strait Islander peoples: cultural competence of hospital services is critical to the willingness of Aboriginal and Torres Strait Islander. The plan focuses on identifying and, if appropriate, expanding on successful initiatives to assist Aboriginal and Torres Strait Islander women and babies. Action 2.2.1: AHMAC identifies the characteristics of culturally competent maternity care for Aboriginal and Torres Strait Islander peoples. Action 2.2.2: Health Ministers recommend to all the National Boards, through the National Registration and Accreditation Sub Committee, that cultural competence is a component of all training, education and ongoing professional development of the whole maternity workforce. Action 2.2.3: AHMAC undertakes research on international evidence-based examples of birthing on country programs. http://www.health.gov.au/internet/main/publishing.nsf/Content/maternityservicesplan
National Partnership Agreement on Remote Indigenous Housing (NPARIH)	The NPARIH, which now incorporates the Strategic Indigenous Housing and Infrastructure programme, is the Australian and Northern Territory governments' largest Indigenous housing programme. The joint housing programme will deliver 934 new houses, 415 rebuilds of existing houses and 2500 refurbishments across 73 remote Indigenous communities and a number of community living areas (town camps) in the Northern Territory by 2013. NPARIH will help close the gap on Indigenous disadvantage across the Territory. Better housing will help make families healthier, strengthen communities and enable economic growth through job and training opportunities. http://www.housing.nt.gov.au/remotehousing/strategic_indigenous_housing_and_infrastructure_programme
National Plan to Reduce Violence Against Women and their Children 2010–2022	In Australia around one in three women has experienced physical violence, and almost one in five has experienced sexual violence since the age of 15. Domestic and family violence and sexual assault are crimes that must be stopped. That is why the Australian Government and state and territory governments worked with the community to develop the twelve-year National Plan to Reduce Violence against Women and their Children 2010–2020. It focuses on the two main types of violent crimes that have a major impact on women in Australia—domestic and family violence and sexual assault. https://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022



Strategy, framework or programme	Description
National Road Safety Strategy 2011–2020	The National Road Safety Strategy 2011–2020 was released on 20 May 2011 by the former Australian Transport Council and is now overseen by the Transport and Infrastructure Council. The strategy is firmly based on Safe System principles and is framed by the guiding vision that no person should be killed or seriously injured on Australia's roads. As a step towards this long-term vision, the strategy presents a ten-year plan to reduce the annual numbers of deaths and serious injuries on Australian roads by at least 30%. The strategy outlines broad directions for the future of Australian road safety, planned initiatives for the first three years and a range of options for further consideration as the strategy progresses. The initiatives and options are set out in four key areas—Safe Roads, Safe Speeds, Safe Vehicles and Safe People. https://infrastructure.gov.au/roads/safety/national_road_safety_strategy/
National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2014–2019 (Draft)	The Minister for Indigenous Affairs, Senator the Hon. Nigel Scullion, has tasked the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group to revise the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2014–2019. The Advisory Group comprises Indigenous experts in this area and has recently had its appointment extended to 31 December 2015 by the former Prime Minister, the Hon. Tony Abbott MP. The framework's revision is at an advanced stage and it aims to support culturally appropriate approaches to mental health.
National Strategic Framework for Chronic Conditions (NSFCC) (in preparation)	Work is currently underway to develop a new NSFCC that will supersede the National Chronic Disease Strategy 2005. It is intended that the NSFCC will cater for shared health determinants, risk factors and multi-morbidities, and provide a model under which new evidence could be easily incorporated. This work will also provide an opportunity to consider how best to facilitate coordinated, integrated and multidisciplinary care, improve utilisation of primary health care organisations, and recognise patient needs across the continuum of care. There will be opportunities for consultation with stakeholders and the general public as work progresses in 2015. Once developed, the NSFCC will be submitted to AHMAC before publication and dissemination. It is expected that the NSFCC will be finalised in 2016. http://www.health.gov.au/internet/main/publishing.nsf/Content/nsfcc
National Strategic Framework for Rural and Remote Health (2010)	This framework has been developed through collaboration between the Australian Government, state governments and the Northern Territory Government by the Rural Health Standing Committee. It presents a national strategic vision for health care for Australians living in regional, rural and remote areas. The Framework recognises the unique challenges of providing health care in rural and remote Australia and the importance to all Australians of providing timely access to quality and safe health care services, no matter where they live. http://www.ruralhealthaustralia.gov.au/internet/rha/publishing.nsf/Content/EBD8D28B517296A3CA2579FF000350C6/\$File/NationalStrategicFramework.pdf
New Directions: Mothers and Babies Services	This programme provides Aboriginal and Torres Strait Islander children and their mothers with access to antenatal care, standard information about baby care, practical advice and assistance with breastfeeding, nutrition and parenting; monitors developmental milestones, immunisations status and infections; and undertakes health checks for Indigenous children before starting school. http://www.health.gov.au/internet/main/publishing.nsf/Content/irhd-child-maternal-health
Online Services Report	This national report provides an overview of Australian Government-funded organisations that aim to improve health outcomes for Aboriginal and Torres Strait Islander peoples. It presents findings from data collection on health services and activities provided, clients seen, staffing levels and challenges faced by these organisations. http://www.aihw.gov.au/publication-detail/?id=60129548237

Strategy, framework or programme	Description
Pharmaceutical Benefits Scheme (PBS)	The PBS began as a limited scheme in 1948 with free medicines for pensioners and a list of 139 'life-saving and disease preventing' medicines free of charge for others in the community. Today the PBS provides timely, reliable and affordable access to necessary medicines for Australians. The PBS is part of the Australian Government's broader National Medicines Policy. The aim of the National Medicines Policy is to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved. Under the PBS, the government subsidises the cost of medicine for most medical conditions. Most of the listed medicines are dispensed by pharmacists and used by patients at home. Some medicines are dangerous to administer and need medical supervision (such as chemotherapy drugs) and are only accessible at specialised medical services, usually hospitals. http://www.pbs.gov.au/info/about-the-pbs
Raising Children Network	The Australian Government provides funding through the Family Support Program to support families in the day-to-day raising of children from birth to teens, via the information and resources on the Raising Children Network. The Family Support Program is administered by the Department of Social Services. http://raisingchildren.net.au/articles/family_support_program.html
Report of the National Review of Mental Health Programmes and Services	The ultimate goal of this review was to make a set of recommendations for government to consider that will create a system to support the mental health and wellbeing of individuals, families and communities in ways that enable people to live contributing lives and participate as fully as possible as members of thriving communities. This included programmes and services that have as a main objective: • the prevention, early detection and treatment of mental illness; • the prevention of suicide; • mental health research, workforce development and training; and/or • the reduction of the burden of disease caused by mental illness. The review provides twenty-five recommendations across nine strategic directions, which guide a detailed implementation framework of activity over the next decade. Taken together, they form a strong, achievable and practical plan to reform Australia's mental health system. The review is framed on the basis of making changes within existing resources, as specified by the terms of reference provided to the Commission by the Australian Government. http://www.mentalhealthcommission.gov.au/our-reports/review-of-mental-health-programmes-and-services.aspx
New funding arrangements for the after hours primary health care.	The Review of After Hours Primary Health Care considered the most appropriate and effective delivery mechanisms to support ongoing after-hours primary health care services nationally. The review report made thirteen recommendations to government. Based on these recommendations new after hours primary health care funding arrangements were implemented on 1 July 2015 including: • a new Practice Incentives Programme After Hours Incentive; • Primary Health Networks, which will work with key stakeholders to plan, coordinate and support population-based after-hours health services, focusing on addressing gaps in after-hours service provision, 'at risk' populations and improved service integration; and • a new after hours GP advice and support line to better support all Australians who do not have access to face to face GP services in the after-hours period. http://www.health.gov.au/internet/main/publishing.nsf/Content/primary-ahphc-review
Tackling Indigenous Smoking Programme	This programme aims to reduce smoking as the most preventable cause of ill health for Aboriginal and Torres Strait Islander peoples. A redesigned programme is being introduced in 2015–2016 with an emphasis on flexible approaches for regional tobacco control. http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2015-nash025.htm

ABBREVIATIONS

ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
AEDC	Australian Early Development Census
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
ANFPP	Australian Nurse-Family Partnership Program
ARACY	Australian Research Alliance for Children and Youth
ATSIHWWG	Aboriginal and Torres Strait Islander Health Workforce Working Group
ATSIMHSPAG	Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group
BMI	body mass index
COAG	Council of Australian Governments
CQI	continuous quality improvement
DSS	Department of Social Services
ESSENCE	Essential Service Standards for Equitable National Cardiovascular Care
FASD	Fetal Alcohol Spectrum Disorders
GP	general practitioner
HbA1C	hemoglobin A1c
Health	Department of Health
HPV	human papillomavirus
IAHP	Indigenous Australians' Health Programme
IAS	Indigenous Advancement Strategy
MBS	Medicare Benefits Schedule
NACCHO	National Aboriginal Community Controlled Health Organisation
NAGATSIHID	National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
NATSIFACP	National Aboriginal and Torres Strait Islander Flexible Aged Care Program
NATSILMH	National Aboriginal and Torres Strait Islander Leadership in Mental Health
NHLF	National Health Leadership Forum
NHMRC	National Health and Medical Research Council
NIRA	National Indigenous Reform Agreement
NSFCC	National Strategic Framework for Chronic Conditions
ORIC	Office of the Registrar of Indigenous Corporations
OSR	Online Service Report
PM&C	Department of the Prime Minister and Cabinet
RACP	Royal Australasian College of Physicians



GLOSSARY

GLOSSARY

Aboriginal and Torres Strait Islander definition of health

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

‘Aboriginal health’ means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life. [1, p.9]

Aboriginal Community Controlled Health Service (ACCHO)

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

An ACCHO is:

- an incorporated Aboriginal organisation
- initiated by a local Aboriginal community
- based in a local Aboriginal community
- governed by an Aboriginal body which is elected by the local Aboriginal community
- delivering a holistic and culturally appropriate health service to the community which controls it. [5, p.212]

Antenatal care

Includes recording medical history, assessment of individual needs, advice and guidance on pregnancy and delivery, screening tests, education on self-care during pregnancy, identification of conditions detrimental to health during pregnancy, first line management and referral if necessary. [1, p.49]

Cardiovascular disease

Disease of the circulatory system, namely the heart (cardio) or blood vessels (vascular). Includes heart attack, angina, stroke and peripheral vascular disease. Also known as circulatory disease. [1, p.49]

Child Mortality

The death of a child before the age of five. [1, p.49]

Chronic diseases

Term applied to a diverse group of diseases, such as heart disease, cancer and arthritis that tend to be long-lasting and persistent in their symptoms or development. Although these features also apply to some communicable diseases (infections), the term is usually confined to non-communicable diseases. [3]

Closing the Gap

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

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

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

[5, p.2]

Core service model

Sets out an expanded set of core functions for the delivery of primary health care services to Aboriginal and Torres Strait Islander peoples in the Northern Territory and based around five domains: Clinical Services; Health Promotion; Corporate Services and Infrastructure; Advocacy, Knowledge and Research, Policy and Planning; and Community Engagement, Control and Cultural Safety. [4]

Cultural awareness

Cultural awareness means having knowledge and understanding of Aboriginal and Torres Strait Islander people's histories, values, belief systems, experience and lifestyles. It is not about becoming an expert on Aboriginal culture; however it is about being aware of the cultural differences that exist, appreciating and having an understanding of those differences, and accepting them. [11, p.2]

Cultural determinants of health

Cultural determinants originate from and promote a strength based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. [15]

Cultural respect

Recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander peoples. [8]

Cultural safety

Provide care in a manner that is respectful of a person's culture and beliefs, and that is free from discrimination. [9]

Diabetes

A chronic condition marked by high levels of glucose in the blood. This condition is caused by the inability to produce insulin (a hormone produced by the pancreas to control blood glucose levels), or the insulin produced becomes less effective, or both. Three main types are Type 1, Type 2 and gestational diabetes. [1, p.49]

Disability

A concept of several dimensions relating to an impairment in body structure or function, a limitation in activities (such as mobility and communication), a restriction in participation (involvement in life situations such as work, social interaction and education), and the affected person's physical and social environment. [2]

Evidence-based practice

Evidence-based practice entails finding, appraising and using the most current and valid research findings as the basis for decisions. [1, p.49]

Evidence-informed health policy-making

Evidence-informed health policy-making is an approach to policy decisions that aims to ensure that decision making is well-informed by the best available research evidence. It is characterised by the systematic and transparent access to, and appraisal of, evidence as an input into the policy-making process. [14]

Fetal Alcohol Spectrum Disorder

Conditions that may result from fetal exposure to alcohol during pregnancy. Disorders include fetal alcohol syndrome, neurodevelopmental disorder and alcohol-related birth defects. These disorders include antenatal and postnatal growth retardation, specific facial dysmorphism and functional abnormalities of the central nervous system. [1, p.49]

Health care

Services provided to individuals or communities to promote, maintain, monitor, or restore health. Health care is not limited to medical care and includes self-care. [2]

Health literacy

An individual's ability to read, understand and use healthcare information. [1, p.50]

Health status

Holistic concept that is determined by more than the presence or absence of any disease. It is often summarised by life expectancy or self-assessed health status, and more broadly includes measures of functioning, physical illness, and mental wellbeing. [12]

Health system

All the activities whose primary purpose is to promote, restore and/or maintain health; and the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health. [10]

Healthcare provider

Health professional or health organisation involved in supplying health services. [2]

Illicit drugs

Illicit drugs include illegal drugs (amphetamine, cocaine, marijuana, heroin, hallucinogens), pharmaceuticals when used for non-medical purposes (pain-killers, sleeping pills) and other substances used inappropriately (inhalants such as petrol or glue). [1, p.50]

Immunisation

Inducing immunity against infection by the use of an antigen to stimulate the body to produce its own antibodies. [3]

Indicator (Health indicator)

A key statistic that indicates an aspect of population health status, health determinants, interventions, services or outcomes. Indicators are designed to help assess progress and performance, as a guide to decision making. They may have an indirect meaning as well as a direct one. For example, Australia's overall death rate is a direct measure of mortality but is often used as a major indicator of population health. [2]

Integration

The organisation and management of health services so that people get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money. [16]

Life course

The period from birth through to death. [1, p.50]

Life expectancy

The average number of years of life remaining to a person at a particular age. Life expectancy at birth is an estimate of the average length of time (in years) a person can expect to live, assuming that the currently prevailing rates of death for each age group will remain the same for the lifetime of that person. [1, p.50]

Low birth weight

Infants born weighing less than 2500g. [1, p.50]

Medicare Benefits Schedule (MBS) Item 715

MBS health assessment item is to help ensure that Aboriginal and Torres Strait Islander peoples receive primary health care matched to their needs, by encouraging early detection, diagnosis and intervention for common and treatable conditions that cause morbidity and early mortality. [6]

National Health Leadership Forum

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

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

Palliative care

Palliative care is provided to people of all ages who are going through the end stages of life. [1, p.50]

Patient journey

Provides a better understanding of the barriers and enablers to access, quality and continuity of care for country Aboriginal people travelling to and from city hospitals, and the development of strategies and tools that could improve the situation. [13]

Perinatal

Pertaining to, or occurring in, the period shortly before or after birth (usually up to 28 days after). [3]

Pharmaceutical Benefits Scheme (PBS)

A national, government-funded scheme that subsidises the cost of a wide range of pharmaceutical drugs, and that covers all Australians to help them afford standard medications. [2]

Primary health care

The World Health Organization Alma-Ata declaration of 1978 defines primary health care as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process. [1, p.50]

Primary Health Networks (PHNs)

PHNs are regionally based primary health care organisations. Thirty one PHNs will commence operations from 1 July 2015. They are being established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and improving coordination of care to ensure patients receive the right care in the right place at the right time. [7]

Racism

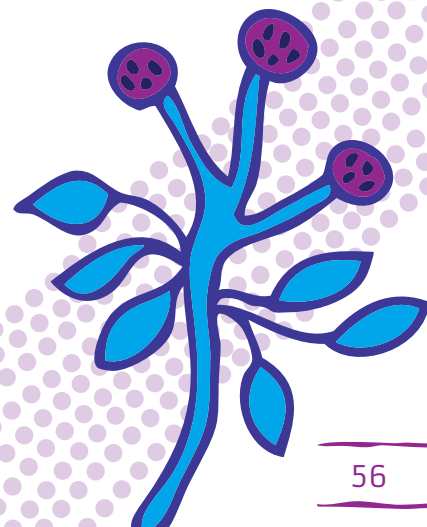
Racism is a key social determinant of health for Aboriginal and Torres Strait Islander people, and can deter people from achieving their full capabilities, by debilitating confidence and self-worth which in turn leads to poorer health outcomes. Evidence suggests that racism experienced in the delivery of health services contributes to low levels of access to health services by Aboriginal and Torres Strait Islander people. [1, p.14]

Respiratory disease

Respiratory disease includes conditions affecting the respiratory system which includes the lungs and airways such as asthma and pneumonia. [1, p.50]

Risk factors

The factors that are associated with ill health, disability, disease or death are known as risk factors. Risk factors may be behavioural, biomedical, environmental, genetic, or demographic. Risk factors often coexist and interact with one another. [1, p.50]



Secondary health care

Secondary health care refers to particular services provided by hospitals, such as acute care, as well as services provided by specialists. [1, p.50]

Sexually Transmissible Infection (STI)

An infection that can be transferred from one person to another through sexual contact. [1, p.50]

Social determinants of health

The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. [1, p.50]

Strengths-based approach

A strengths-based approach views situations realistically and looks for opportunities to complement and support existing strengths and capacities as opposed to a deficit-based approach which focuses on the problem or concern. [1, p.50]

Stretch goals

Stretch goals define the ambition or level that the goal strives to achieve over the longer term. These goals should be considered as a mechanism to drive, challenge and inspire a desirable outcome, but there is no guarantee that they will be achieved.

Systems effectiveness

A systems approach aims to identify a set of core services and competencies that are required to effectively provide comprehensive primary health care across the life course.

System levers

Tools that can be used to effect change and influence outcomes across the health system.

Systemic racism

Failure of the health system to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. [1, p.51]

Tertiary health care

Tertiary health care refers to highly specialised or complex services provided by specialists or allied health professional in a hospital or primary health care setting, such as cancer treatment and complex surgery. [1, p.51]

Wellbeing

Is a state of health, happiness, and contentment along with security. It can also be described as judging life positively and feeling good. For public health purposes, physical wellbeing (for example, feeling very healthy and full of energy) is also viewed as critical to overall wellbeing. Wellbeing is typically measured with self-reports, and indicators such as household income, unemployment levels and neighbourhood crime can also be used. [3]

Whole of lifecycle interventions

Interventions that occur across a person's life course and are not specifically related to a single age group. These actions have been included in the health systems domain.



GLOSSARY

References

1. Australian Government, *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*, Australian Government, Canberra, 2013. Accessed 12 July 2015 <[http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf)>.
2. Department of Health, 'Acronyms and Glossary', Australian Government, 2013. Accessed 12 July 2015 <<http://www.health.gov.au/internet/main/publishing.nsf/Content/Glossary>>.
3. Australian Institute of Health and Welfare, 'Glossary', *Australia's Health 2014*, Australian Government, n.d. Accessed 12 July 2015 <<http://www.aihw.gov.au/australias-health/2014/glossary/>>.
4. The Lowitja Institute, Core Functions of Primary Health Care: A Framework for the Northern Territory, prepared by Edward Tilton Consulting and the Lowitja Institute, 2011. Accessed 12 July 2015 <https://www.lowitja.org.au/sites/default/files/docs/Core_PHC_Functions_Framework_Oct_2011%5B1%5D.pdf>.
5. Australian Health Ministers' Advisory Council, *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report*, AHMAC, Canberra, 2015. Accessed 12 July 2015 <<http://www.dpmmc.gov.au/indigenous-affairs/publication/aboriginal-and-torres-strait-islander-health-performance-framework-2014-report>>.
6. Department of Health, 'Medicare Health Assessment for Aboriginal and Torres Strait Islander People (MBS ITEM 715)', Australian Government, 2014. Accessed 12 July 2015 <http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_MBSitem715>.
7. Department of Health, 'Primary Health Networks', Australian Government, 2015. Accessed 12 July 2015 <http://www.health.gov.au/internet/main/publishing.nsf/content/primary_health_networks>.
8. AHMAC, *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, 2004–2009*, AHMAC, SA, 2004. Accessed 12 July 2015 <[https://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-crf.htm/\\$FILE/Cultural_Respect_Framework.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-crf.htm/$FILE/Cultural_Respect_Framework.pdf)>.
9. National Aboriginal Community Controlled Health Organisation, 'Cultural Safety', NACCHO, n.d. Accessed 12 July 2015 <<http://www.naccho.org.au/promote-health/cultural-safety/>>.
10. World Health Organization, 'Health Systems Strengthening Glossary', WHO, n.d. Accessed 12 July 2015 <http://www.who.int/healthsystems/hss_glossary/en/index5.html>.
11. South Australian Centre for Rural and Remote Health, *Working with Aboriginal People in Rural and Remote South Australia*, SACRRH, Adelaide University and University of South Australia, Whyalla, SA. Accessed 12 July 2015 <http://202.74.67.49/docs/publications/255_HndBkSamp.pdf>.

12. Australian Institute of Health and Welfare, 'Health Status', AIHW, n.d. Accessed 12 July 2015 <<http://www.aihw.gov.au/male-health/health-status/>>.
13. The Lowitja Institute, 'Aboriginal Patient Journey Mapping Tools Project: Communicating complexity', The Lowitja Institute, 2015. Accessed 12 July 2015 <<http://www.lowitja.org.au/aboriginal-patient-journey-mapping-tools>>.
14. World Health Organization, 'What is Evidence-informed Policy-making?', WHO, n.d. Accessed 12 July 2015 <<http://www.who.int/evidence/about/en/>>.
15. The Lowitja Institute, Cultural Determinants Roundtable Background Paper, 2014. Accessed 18 June 2015 <<http://www.lowitja.org.au/sites/default/files/docs/Cultural-Determinants-Roundtable-Background-Paper.pdf>>.
16. World Health Organization, 'Sub-national and District Management: Organization and Implementation of Health Services', WHO, n.d. Accessed 12 July 2015 <<http://www.who.int/management/district/services/en/index1.html>>.





Australian Government

www.health.gov.au/natsihp

All information in this publication is correct at October 2015