

National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013

Australian Government Implementation Plan 2007-2013

Overarching Goal

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

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Australian Government Implementation Plan 2007-2013

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Introduction

This is the second Australian Government Implementation Plan against the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013. This new Plan will cover the period 2007-2013. All jurisdictions committed to develop implementation plans that detail the specific activities to be undertaken to realise the aims and objectives of the National Strategic Framework for Aboriginal and Torres Strait Islander Health.

Since the National Strategic Framework was signed in 2003, the 17 year disparity in life expectancy between Indigenous and non-Indigenous Australians continues to be the most obvious indicator of overall Indigenous disadvantage. The unacceptable level of health disadvantage still being experienced by Indigenous Australians highlights that there is much still to be done, particularly using a whole-of-government approach, to increase life expectancy and quality of life for Aboriginal and Torres Strait Islander people.

The second National Strategic Framework for Aboriginal and Torres Strait Islander Health Australian Government Implementation Plan builds on the achievements of the first Australian Government Implementation Plan 2003-2008 as identified through qualitative and quantitative reporting and focuses on gaps identified by these reports.

The 2005-06 Progress Report against the Australian Government Implementation Plan, and the Aboriginal and Torres Strait Islander Health Performance Framework 2006 Report both provide important information to allow government to refine and refocus its efforts.

This Australian Government Implementation Plan was developed by the Department of Health and Ageing in consultation with all relevant Australian Government agencies and the National Aboriginal and Torres Strait Islander Health Council. It has a strong emphasis on a whole of government approach to addressing the key priorities identified. This Plan is consistent with the National Strategic Framework's Goal, Aims and Priorities (see Appendix 1) and retains the same structure of nine Key Result Areas.

Health Performance Framework

The Aboriginal and Torres Strait Islander Health Performance Framework provides quantitative measures relevant to the achievement of the aims, objectives and key result areas of the National Strategic Framework and has been developed to measure the impact of health system efforts under the National Strategic Framework and the contribution of non-health system determinants. It represents a significant step forward in performance measurement and reporting of progress in Aboriginal and Torres Strait Islander health. The first report finds that there are some areas of improvement (but still room for improvement), such as:

- overall mortality and infant mortality,
- deaths caused by circulatory disease,
- hospitalisation for pneumonia,
- expansion of Aboriginal and Torres Strait Islander primary health care,
- immunisation,

- education, and
- unemployment,

but several areas of continuing concern, such as:

- deaths caused by chronic diseases,
- hospitalisation for injury and poisoning,
- end stage kidney disease,
- low birth weight,
- social and emotional wellbeing,
- community safety,
- workforce,
- chronic ear disease,
- oral health,
- sexually transmissible infections,
- smoking including smoking during pregnancy,
- nutrition,
- obesity,
- physical activity,
- relative per capita health expenditure, and
- access to health services.

The Department of Health and Ageing has considered the findings of the report and has identified eight areas that require particular attention. These are included as priority areas of focus in the new Plan. The areas identified are:

- Smoking, nutrition, alcohol, physical activity, overweight and obesity
- Chronic disease management (including uptake of Medicare health checks)
- Access to primary health care (including mainstream GPs) and secondary/tertiary care
- Sexually transmissible infections (including HIV) and blood borne viruses
- Oral health
- Social and emotional well-being (including substance use and mental health)
- Urban areas (accessibility, appropriateness and affordability of health services)
- Health determinants – education, employment, economic development, housing and environmental conditions.

In this Plan, the Australian Government has a commitment to strengthen access to culturally sensitive health care services (both Indigenous-specific and mainstream) for Aboriginal and Torres Strait Islander peoples with a particular focus on primary health care. The Plan also has an increased emphasis on addressing the social and environmental determinants of health. A whole-of-government approach recognises that sufficient access to quality, effective health services is an essential requirement but on its own is not enough to increase the life expectancy of Indigenous Australians. Life expectancy is the result of a range of factors, some directly related to health policy and others linked to broader socio-economic and psycho-social factors. Aboriginal and Torres Strait Islander peoples experience disadvantage across a range of social indicators, including employment, income, education, housing and incarceration rates, as well as poorer access to health care services.

The whole-of-government approach to Indigenous affairs offers the opportunity to address the causes of life expectancy disparity through concerted action.

A Whole of Government Approach

There have been significant changes since the National Strategic Framework was signed in 2003. However, the Framework in many ways anticipated the whole of government approach to Indigenous Affairs and is entirely consistent with the changed approach.

In 2003, the National Strategic Framework recognised that:

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

In 2004, the Australian Government changed its approach to Aboriginal and Torres Strait Islander affairs. It abolished the Aboriginal and Torres Strait Islander Commission (ATSIC) and the Aboriginal and Torres Strait Islander Services (ATSIS) and introduced new arrangements. Under these arrangements, the Australian Government’s Aboriginal and Torres Strait Islander programs are now administered by mainstream agencies, but under a whole-of-government approach.

This approach also involves the preparation of a single Indigenous Budget submission, where all new policy proposals from Ministers for government investment in Indigenous-specific initiatives are considered together in a single submission. A summary of 2007-08 Indigenous Affairs Budget Measures is at Appendix 2.

This plan is consistent with the key areas of need in the Australian Government's overarching Blueprint for Action in Indigenous Affairs. The three priority areas identified in the Blueprint are:

- Early childhood intervention;
- Safer communities; and
- Building wealth, employment and an entrepreneurial culture.

The Plan is also consistent with COAG’s *National Framework of Principles for Government Service Delivery to Indigenous Australians* and the Overcoming Indigenous Disadvantage Framework (see Appendix 3). Alignments with the OID framework strategic areas for action are mapped in this plan for each applicable KRA.

Actions identified in the Plan signal the range of Australian Government agencies responsible for implementation, in accordance with a whole-of-government approach and according to the Australian Government’s arrangements for Indigenous affairs.

Utilising Indigenous Coordination Centres to Meet Local Needs

Engagement with Aboriginal and Torres Strait Islander communities and development of specific responses under this Plan may also occur through the regional network of Indigenous Coordination Centres (ICCs). Through these arrangements, tailored responses for Aboriginal and Torres Strait Islander communities can be developed, in consultation with communities, and implemented by officers from different Australian Government agencies, and with officers from other levels of government, working together. These officers may include dedicated solution brokers. Arrangements may be through Shared Responsibility Agreements and State and Regional Partnership Agreements.

Utilising the Framework Agreements on Aboriginal and Torres Strait Islander Health

Engagement with State Affiliates of the National Aboriginal Community Controlled Health Organisation (NACCHO) and with State and Territory governments in the development of specific responses under this Plan is also necessary. This occurs through the State/Territory Health Partnership Forums in each jurisdiction according to the Framework Agreements.

Monitoring and Reporting

As required under the National Strategic Framework, the Australian Government will continue to produce a qualitative report to AHMC on health portfolio progress against this implementation plan every year and on the contribution of all portfolios every two years. A further report against the Aboriginal and Torres Strait Islander Health Performance Framework will be produced in 2008 and every two years thereafter.

In its role of providing policy advice to AHMAC, the National Aboriginal and Torres Strait Islander Health Council (NATSIHC) will monitor the National Strategic Framework implementation process. The National Aboriginal and Torres Strait Islander Health Officials' Network (NATSIHON) will retain an informal role in relation to reporting requirements. Health Council will also develop an evaluation strategy against which the National Strategic Framework for Aboriginal and Torres Strait Islander Health will be measured.

This Plan recognises that all health information pertaining to Aboriginal and Torres Strait Islander peoples must be managed ethically and meaningfully in a manner which is consistent with the National Aboriginal and Torres Strait Islander Health Data Principles endorsed by AHMAC in 2006.

Timeframe

All actions contained in this plan, where a timeframe for implementation is not specifically stated, will be ongoing. Within the priority areas of focus, the Australian Government has identified actions of immediate priority. These are consistent with the Australian Government's *Blueprint for Action in Indigenous Affairs* and are listed at the start of each Key Result Area. The actions listed as immediate priorities are to be initiated in the current year, but may also be ongoing. The actions listed as longer term priorities may be initiated in the current year, or in future years and may also be ongoing.

Key Result Area One: Community controlled primary health care services

Objectives:

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

Reporting against these action items will largely occur through qualitative reporting against this Implementation Plan and quantitative reporting through the Aboriginal and Torres Strait Islander Health Performance Framework, with the exception of actions 1 and 2 which will also be drawn from Annual Reports.

IMMEDIATE PRIORITY ACTIONS (current year): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Strong and effective community controlled health services (immediate)</i>	
1. Enhancing service provision by continuing to support Aboriginal and Torres Strait Islander community controlled primary health and health related services through the Aboriginal and Torres Strait Islander Health Program: <ul style="list-style-type: none"> ▪ Expand services in areas of highest need and where there is organisational capacity to deliver services; ▪ Improve the quality and responsiveness of existing services; - <i>see also KRA 8</i> ▪ Continue to improve capital infrastructure through the Capital Works Program; ▪ Improve organisational capacity; ▪ Strengthen information management systems and continue to support patient information and recall systems in Aboriginal Community Controlled Health Services (ACCHS) including maintenance, training and more effective use of systems; - <i>see also KRA2</i> ▪ Take steps to ensure that ACCHSs are well informed about Australian Government programs and are supported in making use of these to improve services available to the Aboriginal and Torres Strait Islander population. 	DoHA

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Strong and effective community controlled health services (longer term)</i>	
<p>2. Improving the quality of services by:</p> <ul style="list-style-type: none"> ▪ Supporting continuous quality improvement practices within Aboriginal and Torres Strait Islander primary health and health related services; ▪ Developing performance management strategies to enhance the efficiency, cost-effectiveness and stability of funded ACCHS; ▪ Developing business intelligence mechanisms and risk management strategies to enable the provision of timely intervention and support where necessary; ▪ Supporting all Australian Government-funded Aboriginal and Torres Strait Islander health services to meet best practice and quality standards through accreditation processes; ▪ Developing performance information to improve the quality and effectiveness of health service delivery and health outcomes. 	DoHA
<i>Improved linkages and planning</i>	
3. Establish linkages and partnerships with existing healthcare infrastructure for efficient and cost effective delivery of health services.	DoHA
4. Support partnership forums to undertake planning and priority setting at the state/territory and regional levels, including using whole-of-government processes and mechanisms such as Indigenous Coordination Centres where appropriate. <i>see also actions 28, 57, 68, 76, 81, 93, 105, 117, 125 and 156.</i>	DoHA/FaCSIA
<i>Community capacity building</i>	
5. Support and assist communities to improve their capacity to manage local primary health care services.	DoHA (FaCSIA)
6. Develop procedures and mechanisms to support the provision of capacity building to local people as a component of tenders for services to Aboriginal communities and for local knowledge to be a condition of the awarding of the tender.	DoHA

Key Result Area Two: Health system delivery framework

Objectives:

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

Reporting against these action items will largely occur through qualitative reporting against this Implementation Plan and quantitative reporting through the Aboriginal and Torres Strait Islander Health Performance Framework, with the exception of action 16 which may also be drawn from Divisions of General Practice Reporting. This KRA contains actions that align with the OID Framework's "early child development and growth (prenatal to age 3)" strategic area for action.

IMMEDIATE PRIORITY ACTIONS (current year): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Comprehensive Primary Health Care</i>	
7. Expand or enhance primary health care service provision using Aboriginal and Torres Strait Islander specific and/or mainstream health program funding for: <ul style="list-style-type: none"> ▪ Service development at existing sites; ▪ Planning, development and implementation of new sites; ▪ Targeted service enhancement to fill gaps at new sites; ▪ Capital components including new remote staff housing units, new clinics, clinic/housing upgrades and medical equipment upgrades; - <i>see also KRA1</i> ▪ Enhanced workforce in line with service expansion as required; - <i>see also KRA3</i> ▪ Coordinated delivery of services and programs across the range of mainstream and community controlled service providers; ▪ Implementing population health approaches to health issues particularly preventable chronic disease, child and maternal health and communicable disease; and ▪ Expanding primary health care service provision for child and maternal health, including addressing low birth weight, improving childhood immunisation rates and access to hearing services and in the prevention and management of chronic disease. – <i>see also KRA1</i> 	DoHA

IMMEDIATE PRIORITY ACTIONS (current year): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>More Effective and Responsive Mainstream Health Services (immediate)</i>	
<i>Telecommunications</i> 8. Continue the rollout of broad band telecommunications and infrastructure services to rural and remote Aboriginal and Torres Strait Islander primary health care and health-related services.	DoHA/ DCITA
9. Implement the <i>Backing Indigenous Ability</i> telecommunications program, which will improve access to health services through the delivery of telephones, Internet access and videoconferencing (until 30 June 2010).	DCITA
<i>Smoking, Nutrition, Alcohol and Physical Activity (SNAP), Overweight and Obesity and Chronic Disease (immediate)</i>	
<i>Early detection and early treatment</i> 10. Improve awareness and understanding among Aboriginal and Torres Strait Islander peoples of the risk factors for chronic disease and opportunities for early detection.	DoHA
<i>Integration and continuity of prevention and care</i> 11. Promote integration and continuity of chronic disease prevention and care by: <ul style="list-style-type: none"> ▪ Developing effective integrated primary health care networks and services for Aboriginal and Torres Strait Islander peoples; ▪ Improving access for Aboriginal and Torres Strait Islander peoples to the range of services needed for chronic disease prevention and care; ▪ Implementing the National Service Improvement Frameworks in the areas of asthma; cancer; diabetes; heart, stroke and vascular disease; osteoarthritis, rheumatoid arthritis and osteoporosis, to improve quality of care for Aboriginal and Torres Strait Islander peoples; ▪ Promoting incorporation of cultural appropriateness and safety of assessment, referral and management protocols in clinical practice guidelines and training. 	DoHA DoHA DoHA DoHA
12. Provide accommodation support for Aboriginal and Torres Strait Islander patients requiring treatment for chronic conditions such as renal disease.	FaCSIA (incl. AHL)

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Urban, Rural and Remote Areas</i>	
<p>13. Within the mechanisms identified by the <i>Australian Government Blueprint for Action in Indigenous Affairs</i> for working in rural, remote and urban areas:</p> <ul style="list-style-type: none"> ▪ Provide mechanisms such as the <i>Indigenous Community Health Brokerage Service</i> budget measure to facilitate increased access to and choice of mainstream health services in urban areas; ▪ Continue to support a range of health and workforce measures funded under the <i>Rural Health Strategy</i>, covering rural and remote areas, and including activities targeting community capacity building, health promotion and improving access to health services; ▪ Support the <i>Medical Specialist Outreach Assistance Program</i> (MSOAP) and the <i>Rural Specialist Support Program</i>; ▪ Support the Royal Flying Doctor Service. 	DoHA
<i>More Effective and Responsive Mainstream Health Services (longer term)</i>	
<p>14. Improve the quality of services by encouraging accreditation providers to include criteria for assessing cultural responsiveness of health services, e.g. appointment of liaison staff, defined processes for Indigenous identification, and developing a strong awareness of cultural appropriateness.</p>	DoHA
<i>Cultural Safety</i>	
<p>15. Implement the <i>Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009</i> to ensure that cultural protocols and bi-cultural competencies are implemented for mainstream health professionals.</p>	DoHA
<i>Medicine</i>	
<p>16. Work with the Divisions of General Practice to:</p> <ul style="list-style-type: none"> ▪ Support general practice and other primary care providers to improve health outcomes for Aboriginal and Torres Strait Islander peoples; and ▪ Develop mechanisms to improve timely and appropriate access to primary care services. 	DoHA
<p>17. Work with medical colleges including the Australian College of Rural and Remote Medicine (ACRRM) on continuing education requirements for and recognition of medical service delivery for Aboriginal and Torres Strait Islander primary health care. – <i>see also KRA3</i></p>	DoHA (DEST)
<p>18. Encourage Aboriginal Community Controlled Health Services (ACCHSs) to participate in the Practice Incentives program (PIP). – <i>see also KRA1</i></p>	DoHA

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
19. Investigate mechanisms to increase practice capacity and ability to operate multi-disciplinary teams in ACCHSs and private GP practices. – <i>see also KRA1</i>	DoHA
<i>Nursing</i> 20. Support practice nurses (including development of nurse practitioners) with appropriate recognition, training and accreditation to enable them to perform a complex clinical role including medication and immunisation programs. – <i>see also KRA3</i>	DoHA/ Medicare Australia
<i>Allied health & other health professionals</i> 21. Enhance and promote the Medicare measures for allied health workers and Aboriginal and Torres Strait Islander health workers.	DoHA
22. Provide support mechanisms for health professionals working in rural and remote locations similar to those provided to general practitioners.	DoHA
<i>Improved Access to Mainstream Programs</i>	
<i>Pharmaceutical Benefits Scheme</i> 23. Improve access for Aboriginal and Torres Strait Islander peoples by: <ul style="list-style-type: none"> ▪ Investigating and implementing mechanisms for improving access to the Pharmaceutical Benefits Scheme in areas which do not currently benefit from the current S100 arrangements, and support quality use of medicines for Aboriginal and Torres Strait Islander peoples; ▪ Renegotiating MoUs with relevant participating States and Territories under the S100 program for remote Indigenous access to PBS medicines via approved Aboriginal Health Services; ▪ Facilitating the inclusion of medications required for specific Aboriginal and Torres Strait Islander health needs, including those not yet subsidised and/or yet registered in Australia, considered for approval by TGA and considered for listing on the PBS. 	DoHA DoHA DoHA

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<p><i>Medicare Benefits Schedule</i></p> <p>24. Improve access for Aboriginal and Torres Strait Islander peoples by:</p> <ul style="list-style-type: none"> ▪ Reviewing billing practices by doctors working in Aboriginal and Torres Strait Islander health to better understand the barriers that prevent all services provided being claimed through the MBS; ▪ Implementing the <i>Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule</i> initiative to increase access to appropriate mental health care through the creation of better linkages between GPs, psychiatrists, psychologists and other allied mental health professionals for patients with assessed mental disorders; – <i>see also KRA4</i> ▪ Improving MBS enrolment rates, increasing the numbers of Medicare Australia Indigenous Liaison Officers across Australia, and increasing awareness among mainstream health service providers of the role of MLOs and the availability of the dedicated Indigenous access line. ▪ Develop an online training tool to provide education on Medicare for medical staff in rural and remote locations. ▪ Support, promote (to both the community and health providers) and monitor the use of the Indigenous Child and Adult Health Check items. ▪ Consider an MBS item for telephone conferencing between doctors in a regional centre and nurses delivering health care in remote areas; ▪ Consider extending the range of practice nurse items and Aboriginal Health Worker Medicare items provided ‘for and on behalf of’ a GP where appropriate; ▪ Ensure information on new listings and items is communicated effectively to health services. 	<p>DoHA</p> <p>DoHA</p> <p>Medicare Australia</p> <p>Medicare Australia/ DoHA</p> <p>DoHA</p> <p>DoHA/ Medicare Australia</p> <p>DoHA</p> <p>DoHA/ Medicare Australia</p>
<p><i>Hearing</i></p> <p>25. Seek to increase the provision of and uptake of hearing services for eligible Aboriginal and Torres Strait Islander people.</p>	<p>DoHA</p>

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
26. Investigate opportunities to deliver accredited provider hearing services through ACCHSs in remote areas.	DoHA
<p><i>Telecommunications</i></p> 27. Explore options for promotion and uptake of appropriate forms of telehealth in an Aboriginal and Torres Strait Islander health service environment. – <i>see also action 24</i>	DoHA
<i>Transport</i>	
28. Work through whole-of-government mechanisms such as ICCs to address transport needs of Aboriginal and Torres Strait Islander communities. <i>see also actions 4, 57, 68, 76, 81, 93, 105, 117, 125 and 156.</i>	DoHA
<i>Smoking, Nutrition, Alcohol and Physical Activity (SNAP), Overweight and Obesity and Chronic Disease (longer term)</i>	
<p><i>Partnerships</i></p> 29. In collaboration with other agencies and across all levels of government, investigate opportunities, such as through the ICC network, to support the flexible use of Shared Responsibility Agreements and Regional Partnership Agreements as a means of meeting local needs in regard to SNAP, overweight and obesity, and chronic disease factors for Aboriginal and Torres Strait Islander peoples.	DoHA (All)
30. Improve communication with other agencies, including state and territory governments, local government, business, non-government organisations and Aboriginal and Torres Strait Islander communities when planning, developing and implementing initiatives and programs to take advantage of opportunities for joint action and reduce duplication of effort.	DoHA (All)
31. Support the Centre for Excellence in Indigenous Tobacco Control to increase awareness of Indigenous tobacco control through mechanisms such as health worker training and resource development.	DoHA
32. Support the <i>Building Australian Communities through Sport Policy</i> and in particular the Indigenous Sports Program including scholarships, mentoring programs and Indigenous development officers, and identify potential for partnerships on projects funded under the Indigenous Sport and Recreation Program and through whole-of-government mechanisms.	DCITA/ Australian Sports Commission/ (All)
<p><i>Prevention across the continuum</i></p> 33. Encourage assessment and recording by primary health care providers, of SNAP and overweight and obesity risk for each Aboriginal and Torres Strait Islander patient.	DoHA

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
34. Promote lifestyle interventions such as the <i>Lifescrpts</i> initiative, to assist in reducing levels of smoking and risky & high risk alcohol consumption (including during pregnancy), to promote healthy eating and physical activity, and to reduce the risk of chronic disease.	DoHA
35. Ensure health messages are tailored to effectively reach and achieve behaviour risk factor reduction for Aboriginal and Torres Strait Islander peoples: <ul style="list-style-type: none"> ▪ Ensure Aboriginal and Torres Strait Islander peoples are included as a priority population group in development of social marketing tools regarding SNAP and overweight and obesity factors. 	DoHA (All)
36. Support all health services (Indigenous-specific and non-Indigenous specific) in focussing on prevention.	DoHA
<p><i>Supporting healthy choices</i></p> 37. Develop and implement programs and projects that promote healthy choices for Aboriginal and Torres Strait Islander peoples in targeting SNAP and overweight and obesity. <ul style="list-style-type: none"> ▪ Investigate place-based opportunities (such as schools/boarding schools) to implement SNAP and overweight and obesity-related initiatives. ▪ Support the dissemination and uptake of guidelines relating to SNAP and overweight and obesity factors, such as the NHMRC Alcohol Guidelines. ▪ Provide support to enhance the capacity of community stores to provide nutritious food at reasonable prices and thereby contribute to promoting healthy choices. 	DoHA/ IBA (DEST, FaCSIA)
38. Contribute to implementation of the <i>National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan</i> (NATSINSAP) (currently funded until October 2008).	DoHA
39. Investigate and implement mechanisms/strategies, to improve the availability and accessibility of nutritious food in remote areas and ensure where possible that these strategies involve linkages with the primary health care sector.	DoHA/ IBA
<i>Capacity building - Refer to KRA 1 & 3</i>	
<p><i>Early detection and early treatment</i></p> 40. In partnership with state and territory governments, improve screening and early detection including for chronic disease for Aboriginal and Torres Strait Islander peoples.	DoHA

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
41. Promote the use of patient registers and recall systems to enable better management for people with and at high risk of chronic disease. – <i>see also KR41</i>	DoHA
42. Develop initiatives to raise the rate of organ and tissue donation and transplantation within the Indigenous Australian population in order to reduce the long-term dependence of Indigenous Australians on dialysis.	DoHA
43. Develop strategies to improve access for Indigenous Australians in remote areas to renal services.	DoHA
44. Continue to work with Aboriginal and Torres Strait Islander peoples to develop and implement strategies to maximise their participation in cancer screening programs and to provide culturally sensitive screening advice and services.	DoHA
<i>Integration and continuity of prevention and care</i> 45. Include the core competencies for chronic disease prevention and care in the education, training and accreditation of the health workforce. – <i>See also KR43</i>	DoHA (DEST)
<i>Self-management</i> 46. Tailor chronic disease self-management approaches to the needs of Aboriginal and Torres Strait Islander peoples.	DoHA
<i>Oral Health</i>	
47. Contribute to the implementation of the National Oral Health Action Plan 2004-13.	DoHA
48. Promote the uptake of MBS items for dental services for Aboriginal & Torres Strait Islander patients who have chronic and complex conditions.	DoHA
<i>Workforce Development</i>	
49. Support workforce development by communicating and promoting the uptake of SNAP and overweight and obesity resources for health workers.– <i>see also KR43</i>	DoHA
50. Develop and implement programs to build the oral health workforce and increase access to oral health specialists in rural and remote areas, with a focus on improving the participation of Aboriginal and Torres Strait Islander peoples. – <i>see also KR43</i>	DoHA

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
51. Enhance the capacity of alcohol and other drug (AOD) organisations and teach Indigenous health workers relevant skills to prevent and reduce the harm caused by alcohol and other drugs in Indigenous communities. (by end 2007/08) – <i>see also KR43</i>	DoHA
<i>Data Development, Data Quality and Research</i>	
52. Further develop data and research to support service development, policy development, planning and program evaluation in the areas of SNAP, overweight and obesity, chronic disease, prevention of hearing loss and oral health for Aboriginal and Torres Strait Islander peoples. – <i>see also KR47</i>	DoHA/ ABS/ AIHW (All)
53. Trial successful mainstream alcohol treatments in Aboriginal and Torres Strait Islander communities by the end of 2008/09 with the intent of developing treatment models.	DoHA

Key Result Area Three: A competent health workforce

Objectives:

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

Reporting against these action items will largely occur through qualitative reporting against this Implementation Plan and quantitative reporting through the Aboriginal and Torres Strait Islander Health Performance Framework.

IMMEDIATE PRIORITY ACTIONS (current year): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<p>54. Continue implementation of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework 2002 through the:</p> <ul style="list-style-type: none"> ▪ Inclusion of Indigenous content in nursing and allied health curricula; ▪ Continued medical curriculum development work with the Medical Deans Australia and New Zealand; ▪ Expansion of existing workforce scholarship programs; ▪ Funding of peak bodies to provide support and representation for their members and advice to Government; ▪ Implementation of the 2007 Aboriginal Health Worker national qualifications, including recognition of existing workers competencies; ▪ Continued support and development of an Aboriginal and Torres Strait Islander Registered Training Organisation Network; ▪ Development of a national Aboriginal Health Worker Association; and ▪ Funding of the redevelopment and implementation of cultural safety training for staff within the health sector. 	DoHA (DEST, DEWR)
<p><i>Education/ Career Choices/Pathways – see also KRA6</i></p> <p>55. Improve education opportunities, career choices and pathways by:</p> <ul style="list-style-type: none"> ▪ Increasing access to career advice for high school students; ▪ Providing opportunities for commencement of skills training in school; ▪ Investigating mechanisms, such as through Local Community Partnerships, to provide support for those transitioning from high school/ college into employment/ vocational training and education/ further education. ▪ Providing financial support to eligible students; ▪ Investigating and implementing mechanisms for providing support (such as mentoring) to Aboriginal and Torres Strait Islander people whilst undertaking training/further education. 	DEST (DoHA)

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
56. Conduct a review of the <i>Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework 2002</i> in 2008 to identify progress against strategies and future directions, and implement recommendations of the review.	DoHA (DEST, DEWR)
57. In collaboration with DoHA and other agencies, as well as across all levels of government: <ul style="list-style-type: none"> ▪ Investigate opportunities, such as through the ICC network, to support the flexible use of Shared Responsibility Agreements and Regional Partnership Agreements as a means of meeting local needs; ▪ In partnership with key stakeholders, investigate cross-portfolio mechanisms for improving the recruitment and retention of Aboriginal and Torres Strait Islander peoples in the health workforce. <i>see also actions 4, 28, 68, 76, 81, 93, 105, 117, 125 and 156.</i> 	DoHA (DEWR, FaCSIA, DEST)
58. Develop and implement recruitment and retention strategies to address staff shortages within Aboriginal and Torres Strait Islander Primary Health Care Services – <i>see also KRA1</i>	DoHA
<i>Education/ Career Choices/ Pathways – see also KRA6</i> 59. Investigate industry-based opportunities to provide health training.	DoHA/ DEST
<i>Population health and environmental health workforce</i> 60. Develop and implement resources by the end of 2008 to support Australian Registered Training Organisations (RTOs) and other population health educators to incorporate the competencies and qualifications of the Population Health section of the Health Training Package (HLT07) into their education and training programs. This includes the competencies and qualifications for Indigenous Environmental Health Workers. – <i>see also KRA5</i>	DoHA
<i>Research and data</i> 61. Further develop data and research to support policy development, planning and program evaluation in the area of workforce development. – <i>see also KRA7</i>	DoHA (DEST, FaCSIA, DEWR)
<i>Employment options – refer to KRA6</i>	

Key Result Area Four: Social and emotional well-being

Objectives:

Social justice and across-government approaches

- Reduced intergenerational effects of past policies, social disadvantage, racism and stigma on the social and emotional well-being of Aboriginal and Torres Strait Islander people.
- Increased resilience and stronger social and emotional well-being in Aboriginal and Torres Strait Islander people, families and communities.

Population health approaches

- Promotion and prevention approaches that enhance social, emotional and cultural well-being for Aboriginal and Torres Strait Islander people including families and communities.
- Reduced prevalence and impact of harmful alcohol, drug and substance use on Aboriginal and Torres Strait Islander individuals, families and communities.

Service access and appropriateness

- Accessible mainstream services that meet the social and emotional well-being needs of Aboriginal and Torres Strait Islander people, particularly those living with severe mental illness and chronic substance use.
- Coordination of policy, planning and program development between mental health, social and emotional well-being and drug and alcohol agencies that provide services to individuals and families with specific attention to individuals and families with mental health conditions and co-morbidities to ensure care planning, provision of coordinated services and referral to services as required.

Workforce

- A workforce that is resourced, skilled and supported to address mental health, social and emotional well-being and substance use issues for children, adults, families and communities across all Indigenous settings.

Quality improvement

- Improved data collection, data quality and research to inform an evaluation framework for continued improvement in services, policy and program review, and the development/promotion of best practice.

Reporting against these action items will largely occur through qualitative reporting against this Implementation Plan and quantitative reporting through the Aboriginal and Torres Strait Islander Health Performance Framework. This KRA contains actions that align with the OID Framework's "Substance use and misuse" and "Functional and resilient families and communities" strategic areas for action.

IMMEDIATE PRIORITY ACTIONS (current year): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Social Justice and Across Government Approaches (immediate)</i>	
62. Implementation of the Council of Australian Government's (COAG) measure <i>Addressing violence and child abuse in Indigenous communities – drug and alcohol treatment and rehabilitation services for Indigenous Australians in remote and regional areas</i> for additional treatment and rehabilitation services in regional and remote Aboriginal and Torres Strait Islander communities using a whole of government approach to service provision.	DoHA (AGs)
<i>Population Health Approaches (immediate)</i>	
<i>Substance Use</i> 63. Reduce the harmful effects of alcohol, drugs and other substance use through partnerships with state and territory governments and Aboriginal and Torres Strait Islander communities that allow for holistic consideration of substance use issues. These issues include social, emotional and physical determinants of health that may lead to substance use, factors that exacerbate substance use such as co-morbidity and social issues, such as family, community and personal violence, unemployment, crime and custodial settings.	DoHA (FaCSIA, AGs)
<i>Social and Emotional Well-being and Mental Health Service Delivery (immediate)</i>	
64. Improve access, appropriateness and responsiveness of mainstream social services in a whole of government approach to the social and emotional well-being needs and mental health of Aboriginal and Torres Strait Islander individuals, families and communities – <i>see also KRA2</i> .	DoHA (FaCSIA, AGs, DEST, DEWR)
<i>Substance Use</i> 65. Implement the whole of government Petrol Sniffing Strategy (8 Point Plan) in identified regions.	DoHA/FaCSIA (AGs, DEST)

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Social Justice and Across Government Approaches (longer term)</i>	
66. Coordinated inter-sectoral approaches to facilitate individual, family and community responses to the intergenerational effects of past policies, social disadvantage, racism and stigma on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people.	DoHA (FaCSIA, DEST, DEWR)

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
67. Coordinated inter-sectoral approaches to providing for the social and emotional developmental needs of Indigenous children to increase resilience and stronger social and emotional well-being in Aboriginal and Torres Strait Islander people, families and communities.	DoHA (FaCSIA, AGs, DEST, DEWR)
<i>Substance use</i> 68. Programs to address substance use issues that promote a coordinated approach between government agencies, non-government organisations and Aboriginal and Torres Strait Islander communities, for investment, resourcing, planning, implementation and monitoring, and engagement through ICCs where appropriate. <i>see also actions 4, 28, 57, 76, 81, 93, 105, 117, 125 and 156.</i>	DoHA (All)
<i>Population Health Approaches (longer term)</i>	
69. Develop and implement promotion and prevention approaches, in a coordinated manner, that enhance social and cultural well-being for: children, young people, women, males, families and Elders and that recognise and promote Aboriginal and Torres Strait Islander philosophies on holistic health and healing.	DoHA (FaCSIA, AGs, DEST, DCITA)
<i>Social and Emotional Well-being and Mental Health Service Delivery (longer term)</i>	
<i>Substance Use</i> 70. In partnership with state and territory governments where possible, improve access to, and effectiveness of, drug and alcohol treatment and rehabilitation services in urban, regional and remote Aboriginal and Torres Strait Islander communities.	DOHA
<i>Social and Emotional Well-being Workforce</i>	
71. Considering community/organisational capacity and infrastructure needs of health professionals, build and appropriately support a workforce that is appropriately skilled in mental health, social and emotional well-being and substance use issues to address the needs of children, adults, families and communities.	DoHA (FaCSIA, DEST, DEWR)
72. Implement the COAG measure <i>Improving the Capacity of Workers in Indigenous Communities</i> to train Aboriginal Health Workers, counsellors and clinic staff in Indigenous specific health services to identify and address mental illness and associated substance use issues in Indigenous communities, to recognise the early signs of mental illness and make referrals for treatment where appropriate.	DoHA (FaCSIA, AGs, DEST, DEWR)
73. Develop education, training and support programs for Indigenous workers in mental health, social and emotional well-being and substance use interventions to ensure equity of representation across the spectrum of professional roles. Investigate mechanisms for appropriate recognition of skills.	DoHA (DEST)

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Social and Emotional Well-being Quality Improvement</i>	
74. Further develop data and research to support policy development, planning and program evaluation in the area of social and emotional well-being and substance use.	DoHA (FaCSIA, AIHW, ABS)

Key Result Area Five: Environmental health

Objectives:

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

Reporting against these action items will largely occur through qualitative reporting against this Implementation Plan and quantitative reporting through the Aboriginal and Torres Strait Islander Health Performance Framework, with the exception of action 82 where reporting will be drawn from Commonwealth State Housing Agreement reporting for the duration of that Agreement. This KRA contains actions that align with the OID Framework's "Effective environmental health systems" strategic area for action.

IMMEDIATE PRIORITY ACTIONS (current year): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Housing (immediate)</i>	
75. Continue implementation of the <i>Home Ownership on Indigenous Land</i> (HOIL) initiative.	FaCSIA/ IBA

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Environmental Health</i>	
76. In collaboration with other Australian and State/Territory Government agencies as well as across all levels of Governments, investigate opportunities, such as through the ICC network, to support the flexible and responsive use of Shared Responsibility Agreements and Regional Partnership Agreements as a means of meeting local needs in environmental health. <i>see also actions 4, 28, 57, 68, 81, 93, 105, 117, 125 and 156.</i>	FaCSIA (All)

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<p>77. Refresh the National Environmental Health Strategy and related workplans for the period 2007-2012. This will include:</p> <ul style="list-style-type: none"> ▪ strategies to support improvements on environmental health for Aboriginal and Torres Strait Islander peoples in Australia, ▪ implementation of recommendations of the enHealth Working Group on Aboriginal and Torres Strait Islander Environmental Health, and ▪ supporting improvements in the capacity of the Aboriginal and Torres Strait Islander environmental health workforce. – <i>see also KRA3</i> 	DoHA/ jurisdictions through the Environmental Health Committee
<p>78. Provide support for National Aboriginal and Torres Strait Islander Environmental Health Conferences, held every 2 to 3 years, to raise the profile of, and provide a forum for, Aboriginal and Torres Strait Islander environmental health issues and challenges and to share experiences and successes.</p>	DoHA, through the enHealth Working Group on Aboriginal and Torres Strait Islander Environmental Health
<p>79. Fund projects under the <i>Army Aboriginal Community Assistance Program</i> (AACAP), for one remote community per calendar year.</p>	Defence/ FaCSIA
<i>Housing (longer term)</i>	
<p>80. From 1 July 2008, implement the <i>Australian Remote Indigenous Accommodation (ARIA)</i> Programme to deliver housing for Aboriginal and Torres Strait Islander people living in remote areas.</p>	FaCSIA
<p>81. In collaboration with other Australian and State/ Territory Government agencies, investigate opportunities, such as through the ICC network, to support and facilitate responsive and flexible approaches to meeting local needs including through improved access, appropriateness and responsiveness of mainstream services and/or the negotiation of Shared Responsibility Agreements and Regional Partnership Agreements. <i>see also actions 4, 28, 57, 68, 76, 93, 105, 117, 125 and 156.</i></p>	FaCSIA (All)
<p>82. Support access by Aboriginal and Torres Strait Islander peoples to public housing services provided under the 2003 Commonwealth State Housing Agreement expiring on 30 June 2008; to develop future housing support arrangements that support access by Aboriginal and Torres Strait Islander peoples to mainstream housing assistance.</p>	FaCSIA

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
83. Work with governments, industry and the community to ensure widespread use of the latest National Indigenous Housing Guide (NIHG) – a tool to increase the longevity and function of Indigenous housing through improved housing design, construction and maintenance practices based on empirical evidence.	FaCSIA
84. Fund <i>Fixing Houses for Better Health</i> (FHBH) projects until June 2009, using the ‘housing for health’ method, which recognises the connection between a series of healthy living practices and the quality and condition of housing.	FaCSIA
<i>Data and Research</i>	
85. Support research activities that explore how housing policy and housing assistance might be designed to assist the development of better environmental health, education and employment outcomes for Indigenous people.	FaCSIA (DoHA, DEWR, DEST, IBA)

Key Result Area Six: Wider strategies that impact on health

Objectives:

- Effective strategies for improving health in Aboriginal and Torres Strait Islander communities in partnership with other sectors.
- Policy and program initiatives in primary and secondary education that contribute to improved outcomes for both educational and health goals.
- Partnerships that address key issues that impact on health, such as nutrition, recreation and transport.

Reporting against these action items will largely occur through qualitative reporting against this Implementation Plan and quantitative reporting through the Aboriginal and Torres Strait Islander Health Performance Framework, noting that for actions 86, 89-92 and 137, reporting will also be drawn where possible from the evaluation of the Stronger Families and Communities Strategy and the Stronger Families in Australia study, and actions 124 and 126 where reporting will be informed by the ACAT minimum dataset and Disability Services Census data respectively. This KRA contains actions that align with the OID Framework's "Early child development and growth (prenatal to age 3)", "Early school engagement and performance (preschool to year 3)", "Positive childhood and transition to adulthood" and "Economic participation and development" strategic areas for action.

IMMEDIATE PRIORITY ACTIONS (current year): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Early Childhood (immediate)</i>	
<p><i>Services and Programs</i></p> <p>86. Within the mechanisms identified by the <i>Australian Government Blueprint for Action in Indigenous Affairs</i> for working in rural, remote and urban areas, promote an integrated services approach to early childhood services and programs and look for opportunities to integrate the delivery of services, particularly in relation to the Innovative Child Care Service Hubs.</p>	FaCSIA/ DoHA/ DEST
<i>Employment and Economic Development (immediate)</i>	
<p>87. Implement the Australian Government's <i>Indigenous Economic Development Strategy</i>, including initiatives relating to: Training, Employment, Subsidies, Business Development, Transitions (eg. Into training/into employment/out of employment)</p>	DEWR/ IBA (DEST, DoHA, DCITA, FaCSIA)

IMMEDIATE PRIORITY ACTIONS (current year): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Workforce (immediate)</i>	
88. Build an Indigenous workforce in government service delivery by end of 2011-12 including through converting Community Development Employment Projects (CDEP) positions into jobs. – <i>see also KR43</i>	DEWR (AGs, DEST, DEW, DEWR, FaCSIA, DoHA, DCITA)

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Early Childhood (longer term)</i>	
<i>Services and Programs</i>	
89. Develop and implement programs consistent with the framework of the National Agenda for Early Childhood - healthy families with young children, early learning and care, supporting families and parenting, and child-friendly communities.	FaCSIA/ DoHA/ DEST
90. Investigate linkages and coordination with state and territory governments, local government, non-government organisations and communities in developing and implementing early childhood services and programs.	FaCSIA/ DoHA/ DEST
91. Embed a focus on parenting and family support in early childhood services and programs.	FaCSIA/ DoHA/ DEST
92. Promote the adoption of healthy lifeskills, targeting mothers and children, and addressing environmental health issues, smoking, nutrition, physical activity, overweight and obesity and alcohol and other substance use. – <i>see also KR42</i>	DoHA
<i>School Education</i>	
93. In collaboration with other Australian (ICC network) and State/Territory Government agencies, investigate opportunities to support responsive and flexible approaches to meeting local priorities via the Shared Responsibility Agreement and Regional Partnership Agreement processes. <i>see also actions 4, 28, 57, 68, 76, 81, 105, 117, 125 and 156.</i>	DEST/ DoHA/ FaCSIA/ DEWR

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
94. Investigate opportunities to enhance the provision of social and emotional wellbeing support services to young people undertaking education and training activities, such as through the Indigenous Youth Mobility Programme and the Indigenous Youth Leadership Programme. – <i>see also KRA4</i>	DEST/DoHA
95. Work across portfolios, including through the Community Festivals Australia initiative, in rural and remote locations, to encourage young Aboriginal and Torres Strait Islander students to attend school, seek career advice and guidance, and engage in healthy lifestyles throughout school and into adulthood.	DEST (DoHA, DEWR)
96. Promote the capacity of whole school communities to provide safe and supportive school environments for all Australian school students, enhancing school drug education programs and the management of drug related issues and incidents in schools.	DEST (DoHA)
97. Investigate place-based opportunities (such as schools/boarding schools) to provide targeted, integrated and broad-ranging services responding to local needs (including health and education) for families and young people.	DEST/DoHA
<i>Pathways to Training, Employment and Higher Education</i>	
98. Support individuals and families by providing mobility options and leadership and personal development for Indigenous students and young people. – <i>see also KRA3</i>	DEST (DEWR)
99. Continue to provide access for Indigenous people to vocational education and training, including Australian Apprenticeships, and improve completion rates from participation. – <i>see also KRA3</i>	DEST
100. Encourage access to career advice: <ul style="list-style-type: none"> <li data-bbox="264 1054 1868 1123">▪ Facilitate access to information on careers in the health workforce for all young people aged 13 – 19 through Careers Advice Australia; – <i>see also KRA3</i> <li data-bbox="264 1161 1868 1230">▪ Provide quality health industry career information through the National Industry Career Specialists and Regional Industry Careers Advisers Networks; – <i>see also KRA3</i> <li data-bbox="264 1268 1868 1374">▪ The Careers Advice Australia Network and Youth Employment Consultants work with Aboriginal and Torres Strait Islander youth to encourage better transitions from school to work by providing links with career advice, work opportunities and further education/training. – <i>see also KRA3</i> 	DEST DEST DEST/ DEWR

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
101. Supplement and underpin Careers Advice Australia initiatives through the provision of assistance to young Indigenous people at risk through Youth Pathways and the Partnership Outreach Education Model service.	DEST
102. Promote Structured Workplace Learning opportunities for young Indigenous people aged 13 – 19 in the health industry. – <i>see also KRA3</i>	DEST
103. Embed Indigenous strategies in to Local Community Partnership (LCP) Strategic and Business Planning to ensure increased access under LCP career and transitions programmes nationally.	DEST
104. Initiate and deliver specific Youth Pathways service delivery strategy for Youth Pathways to strengthen the focus on assisting young Indigenous people.	DEST
<i>Employment and Economic Development (longer term)</i>	
105. In collaboration with DoHA and other Australian and State/Territory Government agencies, investigate opportunities, such as through the ICC network, to support the flexible and responsive use of Shared Responsibility Agreements and Regional Partnership Agreements as a means of meeting local needs. <i>see also actions 4, 28, 57, 68, 76, 81, 93, 117, 125 and 156.</i>	DEWR (DoHA, FaCSIA, DEST, DCITA)
106. Continue to implement the <i>Indigenous Art Centres Strategy</i> and <i>Action Plan</i> providing Indigenous Australians with pathways to economic independence through professional arts practice.	DCITA
107. Explore opportunities to provide broad-ranging services and joint activities in shared facilities that may also provide economic development opportunities for Indigenous Australians.	DEWR/ DEST/ DoHA/ FaCSIA/ IBA
<i>Healthy Communities and Lifestyle – Blood Borne Viruses and Sexually Transmissible Infections</i>	
108. Continue to implement the <i>National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008</i> , and the related National HIV/AIDS, STI and Hepatitis C Strategies.	DoHA
109. Contribute to the evaluation of the <i>National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008</i> , and the related National HIV/AIDS, STI and Hepatitis C Strategies by mid-2008 and consider the evaluation outcomes to determine future approaches.	DoHA

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
110. Facilitate increased access to testing, treatment and management for STIs, HIV and Hepatitis C through ACCHSs, State/Territory government services, mainstream services, and non-government organisations with a focus on Aboriginal and Torres Strait Islander peoples.	DoHA
111. Facilitate prevention of STIs, HIV and Hepatitis C through education targeting Aboriginal and Torres Strait Islander peoples who are at greatest risk due to certain behaviours, practices or settings.	DoHA
112. Improve Torres Strait Islander communities' understanding and awareness regarding STIs and HIV and support programs to reduce the risk of HIV transmission in the Torres Strait Protected Zone.	DoHA
113. Develop and implement programs to improve the training, recruitment and retention of the health workforce in relation to blood borne viruses and STIs skills development, with a focus on improving the participation of Aboriginal and Torres Strait Islander peoples. – <i>see also KR43</i>	DoHA
114. Increase the number of needle and syringe programs (NSPs) being delivered through ACCHSs and facilitate increased access to existing NSPs. Increase needle and syringe programs awareness levels regarding Aboriginal and Torres Strait Islander population needs in relation to accessing needle and syringe programs. - <i>see also KR44</i>	DoHA
115. Encourage participation in sexual health fora in each jurisdiction, including Framework Agreement Health Forums.	DoHA
<i>Male Health</i>	
116. Facilitate improved health outcomes across the life span for Aboriginal and Torres Strait Islander males and improved health related services for Aboriginal and Torres Strait Islander males. – <i>see also KR44</i>	DoHA (FaCSIA)

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Aged Care</i>	
<p>117. Investigate opportunities to build cross-agency links in planning, program development and service delivery, including:</p> <ul style="list-style-type: none"> • through the ICC network, including support for Shared Responsibility Agreements and Regional Partnership Agreements as a means of meeting local and regional needs. • through Framework Agreement Health Forums, including in planning of community care and residential services. • through improved coordination between Home and Community Care service providers and community health service providers. <p><i>see also actions 4, 28, 57, 68, 76, 81, 93, 105, 125 and 156.</i></p>	DoHA (FACSIA)
118. Work with relevant agencies, including aged care peak bodies, to improve the appropriateness and accessibility of aged care services.	DoHA
119. Investigate opportunities including through ICCs for collaborative capital works and infrastructure developments.	DoHA (FaCSIA)
120. Ensure aged care training programs incorporate the specific and distinct needs of Aboriginal and Torres Strait Islander peoples.	DoHA
121. Provide assistance to support the viability and sustainability of aged care services in remote areas.	DoHA
122. Support dementia training, awareness raising and increased knowledge about dementia in Aboriginal and Torres Strait Islander communities.	DoHA
123. Increase the availability of, and access to, aged care services in community settings.	DoHA
124. Increase access to Aged Care Assessment Team (ACAT) services by end of 2008.	DoHA

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Disability</i>	
<p>125. Investigate opportunities to build cross-agency links in planning, program development and service delivery, including:</p> <ul style="list-style-type: none"> • through the ICC network, including support for Shared Responsibility Agreements and Regional Partnership Agreements as a means of meeting local and regional needs, and • through Framework Agreement Health Forums. <p><i>see also actions 4, 28, 57, 68, 76, 81, 93, 105, 117 and 156.</i></p>	FaCSIA/ DoHA (DEWR)
126. Continue to work with State and Territory governments and non-government organisations to provide support to services for people with disability.	FaCSIA (DoHA)
127. Consult with communities in planning and development of services in order to meet local and regional needs.	FaCSIA (DoHA)
128. Promote whole of government partnerships that allow for full consideration of disability issues, including consideration of factors such as emotional wellbeing that may be affected by disability, and which promote a coordinated approach to resources, planning and monitoring. – <i>see also KRA4</i>	FaCSIA (DoHA)
129. Consider mechanisms to foster better take-up of disability services by Aboriginal and Torres Strait Islander peoples.	FaCSIA
130. Support carers of Aboriginal and Torres Strait Islander peoples with disability.	DoHA/ FaCSIA
131. Assist Aboriginal and Torres Strait Islander peoples with disabilities to gain and maintain employment.	DEWR/ FaCSIA
<i>Workforce (longer term)</i>	
132. Develop and implement programs to improve the training, recruitment and retention of the early childhood health and development workforces, with a focus on improving the participation of Aboriginal and Torres Strait Islander peoples. – <i>see also KRA3</i>	DoHA/ FaCSIA (DEST, DEWR)
133. In collaboration with relevant agencies and levels of government, investigate strategies for recruiting, retaining and supporting both Indigenous and non-Indigenous people in the education and training workforce. – <i>see also KRA3</i>	DoHA (DEWR, DEST)

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
134. In collaboration with relevant agencies and levels of government, investigate strategies for recruiting, retaining and supporting education professionals in rural and remote areas. – <i>see also KRA3</i>	DEST/DoHA
135. Build the Aboriginal and Torres Strait Islander workforce by converting CDEP positions in aged care into jobs. – <i>see also KRA3</i>	DoHA (DEWR)
136. Implement, as part of the 2007 <i>Building an Indigenous Community Care Workforce</i> Budget Measure, a workforce strategy for Aboriginal and Torres Strait Islander HACC and National Respite for Carer Program (NRCP) workers. This strategy will be developed in partnership with State and Territory HACC Officials and the National Aboriginal and Torres Strait Islander HACC Reference Group. – <i>see also KRA3</i>	DoHA
<i>Data and Research</i>	
137. Continue to support research and data collection activities, including the Longitudinal Study of Indigenous Children and the implementation of the Australian Early Development Index (AEDI), to inform early childhood policy and program development. – <i>see also KRA7</i>	DoHA/ FaCSIA (DEST)
138. Further develop data and research to support policy development, planning and program evaluation in the area of blood borne viruses and STIs for Aboriginal and Torres Strait Islander peoples. – <i>see also KRA7</i>	DoHA/ AIHW
139. Improve Aboriginal and Torres Strait Islander identification in mainstream aged care data collections. – <i>see also KRA7</i>	DoHA
140. Further develop data and research to support policy development, planning and program evaluation in the area of disability. – <i>see also KRA7</i>	FaCSIA (AIHW, ABS)

Key Result Area Seven: Data, research and evidence

Objectives:

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

There are data development activities identified across most KRAs which are subsets of actions in this KRA

Reporting against these action items will largely occur through qualitative reporting against this Implementation Plan and quantitative reporting through the Aboriginal and Torres Strait Islander Health Performance Framework, with the exception of actions 141 to 142 which will be drawn from reporting through NAGATSIHID, and action 145 which will be drawn from NHMRC annual reporting.

IMMEDIATE PRIORITY ACTIONS (current year): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Data and Information (immediate)</i>	
141. Implement the NAGATSIHID Strategic Plans, within the broader parameters of the <i>1997 National Aboriginal and Torres Strait Islander Health Information Plan</i> , including: Approaches to health information development, collection and use: <ul style="list-style-type: none"> ▪ Developing health information and evidence; Data protocols; Return of data to communities/use of data by communities; Aboriginal and Torres Strait Islander statistical workforce; culturally appropriate measures of health; and International collaboration and international comparisons; Priorities for information development: <ul style="list-style-type: none"> ▪ Enumeration of the Aboriginal and Torres Strait Islander population; Surveys; Administrative data; Primary health care; Other health services; Mental health; Violence; Prisoners' health; and Health workforce; Analytical work: <ul style="list-style-type: none"> ▪ Health trends; Avoidable mortality and morbidity; Burden of disease; and Health expenditure: Key statistical reports: <ul style="list-style-type: none"> ▪ Health status and health service delivery 	DoHA/ ABS/ AIHW

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Data and Information (longer term)</i>	
142. Address data development needs/gaps identified by the Health Performance Framework and NAGATSIHID Strategic Plans.	DoHA/ ABS/ AIHW
143. Support mechanisms for input by Aboriginal and Torres Strait Islander peoples of their views and perspectives in relation to data development, collection and use of information on health and determinants of health.	DoHA/ ABS/ AIHW
144. Ensure that all relevant data collections are developed in consultation with, and are appropriate to the needs of, Aboriginal and Torres Strait Islander peoples.	ABS
<i>Research</i>	
145. Develop NHMRC capacity in Aboriginal and Torres Strait Islander health research by: <ul style="list-style-type: none"> ▪ As specified in the NHMRC Strategic Plan, allocating at least 5% of the NHMRC's total annual research funding budget to Aboriginal and Torres Strait Islander health research; ▪ Including Aboriginal and Torres Strait Islander representation on the NHMRC; ▪ Supporting research programs in line with the priorities and processes identified by the <i>NHMRC Road Map: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health Through Research</i>; ▪ Contributing to the evaluation of the <i>NHMRC Road Map</i> in 2007-08 and implement recommendations resulting from the evaluation. 	NHMRC
146. Increase Aboriginal and Torres Strait Islander participation in and control of research and research funding processes.	DoHA/NHMRC
147. Maintain capacity building strategies in health research aimed at improving the representation of Aboriginal and Torres Strait Islander peoples in all levels of health research and consider adopting performance indicators to assess participation by Aboriginal and Torres Strait Islander peoples in all levels of research.	NHMRC/ DEST/ DoHA
148. Implement the NHMRC's <i>Values and Ethics: Ethical Conduct in Aboriginal and Torres Strait Islander Health Research</i> for application in the ethical reviews of all health research protocols involving Indigenous Australians.	NHMRC
149. Promote industry and research partnerships that identify research projects able to be led by Aboriginal and Torres Strait Islander researchers or Aboriginal organisations and which target specific health and social policy areas.	NHMRC/DoHA

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
150. Consult with relevant Departments to promote inter-sectoral funding for research proposals that may not be supported by existing NHMRC programs, but that may have value or relevance to policies being developed by other portfolios.	DoHA (FaCSIA, NHMRC, DEWR, DEST)
151. Build research and evaluation capacity in the primary health care sector, particularly in the Aboriginal Community Controlled Health Services sector. – <i>see also KRA1</i>	NHMRC/ DoHA/ AIHW
152. Foster International collaboration on research and data.	DoHA/ NHMRC/ ABS/ AIHW
<i>Knowledge Translation</i>	
153. Further develop the evidence base for effective program delivery and interventions, as well as documenting successes in delivering health care to Aboriginal and Torres Strait Islander peoples.	DoHA/ NHMRC/ AIHW/ ABS
154. Participate in and support the Cooperative Research Centre for Aboriginal Health and other research collaboratives, including specific research programs, as appropriate.	DoHA/ FaCSIA/ AIATSIS
155. Support the communication, dissemination and discussion of the findings of reports on Aboriginal and Torres Strait Islander health to share knowledge with Aboriginal and Torres Strait Islander Australians and other relevant policy and program decision makers.	DoHA (All)

Key Result Area Eight: Resources and finance

Objectives

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

Reporting against these action items will largely occur through qualitative reporting against this Implementation Plan and quantitative reporting through the Aboriginal and Torres Strait Islander Health Performance Framework, with the exception of action 160 which will be drawn from National expenditure reports.

IMMEDIATE PRIORITY ACTIONS (current year): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<i>Regional Planning (immediate)</i>	
156. Investigate opportunities to build cross-agency links in planning processes including: <ul style="list-style-type: none"> ▪ through the ICC network ▪ through Framework Agreement Health Forums, to identify priority needs, gaps in service provision and service capacity <i>see also actions 4, 28, 57, 68, 76, 81, 93, 105, 117 and 125.</i>	DoHA (All)
LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	
<i>Regional Planning (longer term)</i>	
157. Apply a nationally consistent evidence-based approach to planning which ensures the equitable and needs-based distribution of funds for Indigenous health services through the application of: <ul style="list-style-type: none"> ▪ the national Indigenous Primary Health Care (PHC) benchmark as the major component of a National OATSIH Resource Allocation Model (RAM) ▪ common national health priorities informing regional planning activities ▪ a national OATSIH planning geography 	DoHA
158. Provide optimal resources and sustain provision of overall specific and mainstream resources for Aboriginal and Torres Strait Islander health commensurate with the higher levels of identified health needs.	DoHA
159. Identify other sources of current funding and the potential availability of additional sustainable sources of funding.	DoHA

LONGER TERM PRIORITY ACTIONS (current year and beyond): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
160. Commission and publish regular reports on health expenditure for Indigenous Australians.	DoHA
161. Utilize a Geographic Information System (GIS) for analysis of trends, patterns and relationships; model future scenarios; and determine gaps in business delivery; maps produced by the GIS allow clear presentation of the results of analysis.	DoHA
162. Develop Regional Priority Plans that support the funding allocation process by determining: <ul style="list-style-type: none"> ▪ key health priorities in areas of demonstrated high need ▪ relative health funding levels and gaps in service provision ▪ and service capacity within and across OATSIH planning regions to inform funding allocations. 	DoHA
163. Develop information on the cost of delivering a range of primary health care services to all Indigenous Australians and the drivers that influence those costs (eg. population size and location).	DoHA

Key Result Area Nine: Accountability

The Health Performance Framework is the key accountability tool in relation to achievements under the National Strategic Framework and this implementation plan.

Objectives:

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

Reporting against these action items will largely occur through qualitative reporting against this Implementation Plan and quantitative reporting through the Aboriginal and Torres Strait Islander Health Performance Framework.

Immediate Priority Actions:

All of the actions contained in this KRA are for immediate and ongoing action.

IMMEDIATE PRIORITY ACTIONS (current year): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
164. Improve accountability requirements of funded organisations by: <ul style="list-style-type: none"> ▪ Implementing a Multi-Year Funding Agreement for OATSIH funded health services to streamline program delivery for selected funded organisations in line with the COAG National Framework of Principles for the Delivery of Services to Indigenous Australians and the Morgan Disney evaluation to help reduce red tape; ▪ Implementing a Standard Funding Agreement for OATSIH funded health services that will integrate and replace existing multiple funding streams where possible; ▪ Continuing to implement a Service Development and Reporting Framework that involves OATSIH funded services developing and reporting against an annual action plan for all OATSIH-funded activities rather than responding to a range of separate non-financial reporting requirements; ▪ Focussing on accountability for health service outputs, rather than only accounting for expenditure of funds. 	DoHA and other agencies as appropriate

IMMEDIATE PRIORITY ACTIONS (current year): (Specific Strategies)	LEAD AGENCY (Contributing agencies)
<p>165. Demonstrate accountability of government agencies by:</p> <ul style="list-style-type: none"> ▪ Reporting annually on health portfolio performance and biennially on whole of government performance against this National Strategic Framework implementation plan; ▪ Reporting biennially against the Aboriginal and Torres Strait Islander Health Performance Framework; ▪ Reporting against Reconciliation Action Plans; ▪ Utilising reports against the Aboriginal and Torres Strait Islander Health Performance Framework to inform policy, planning and program development; ▪ Contributing to biennial reporting against key indicators of Indigenous Disadvantage 	<p>DoHA (AIHW, ABS, FaCSIA, All)</p>
<p><i>Appropriateness of Mainstream Health Services and Programs</i></p> <p>166. Improve accountability of mainstream services by:</p> <ul style="list-style-type: none"> ▪ Investigating and introducing mechanisms to assess the availability, accessibility, affordability, appropriateness and acceptability of mainstream health services for Aboriginal and Torres Strait Islander peoples across all Australian government programs; ▪ Including in funding agreements for mainstream services (where applicable) an accountability requirement for improving outcomes for Indigenous Australians through mainstream and specific programs. 	<p>DoHA and other agencies as appropriate</p>

Appendix 1 - Aims priorities and principles of the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013

Aims

1. Increase life expectancy to a level comparable with non-Indigenous Australians.
2. Decrease mortality rates in the first year of life and decrease infant morbidity by:
 - Reducing relative deprivation; and
 - Improving well being and quality of life.
3. Decrease all-causes mortality rates across all ages.
4. Strengthen the service infrastructure essential to improving access by Aboriginal and Torres Strait Islander peoples to health services and responding to:
 - Chronic disease, particularly cardiovascular disease, renal disease, diseases of the endocrine system (such as diabetes), respiratory disease and cancers;
 - Communicable disease, particularly infections in children and the elderly, sexually transmissible infections and blood borne diseases (including Hepatitis C);
 - Substance misuse, mental disorder, stress, trauma and suicide;
 - Injury and poisoning;
 - Family Violence, including child abuse and sexual assault; and
 - Child and maternal health and male health.

Priorities

The immediate priority areas for government action listed below have been adopted by all governments with the support of peak Aboriginal and Torres Strait Islander organisations.

- Strengthening comprehensive primary health care;
- Improving emotional and social health and well-being with particular emphasis on addressing the following:
 - Mental health problems and suicide;
 - The protection of children from abuse and violence ;
 - Responses to alcohol, smoking, substance and drug misuse ; and
 - Male health ;
- Addressing the pre-determinants of chronic disease in adult populations with particular attention to:
 - Nutrition and Physical Activity;
 - Child and Maternal Health;
 - Oral Health; and
 - Environmental Health;

- Improving the health of Aboriginal and Torres Strait Islander peoples in custodial settings;
- Data availability and quality.

Principles

The Foreword to the National Strategic Framework contains a set of overarching national principles, endorsed by the Australian Health Ministers' Conference, which the Australian Government continues to support. In addition, the following principles, adopted by the Australian Government in its response to the Commonwealth Grants

Commission's *Report on Indigenous Funding* (2002), underpin the allocation of resources to address the disadvantage experienced by Indigenous Australians and supplement the National Strategic Framework principles.

1. The design and delivery of services to meet Indigenous needs should be flexible and undertaken on the basis of partnerships and shared responsibilities with Indigenous people in a culturally and locationally appropriate way.
2. The development of a long term perspective in the funding, design and implementation of programs and services to provide a secure context for setting goals.
3. Access to services will be provided on the basis of need and equity to all Australians including Indigenous Australians, with a clear focus on achieving measurable outcomes.
4. Mainstream programs and services have the same responsibility to assist Indigenous Australians as other Australians.
5. The resources needed to address the specific disadvantage faced by Indigenous clients whether delivered through the mainstream or Indigenous-specific services, can be greater than for other clients, especially in rural and remote locations.
6. Where mainstream services are unable to effectively meet the needs of Indigenous people (whether due to geographic limits to availability or other barriers to access) additional Indigenous-specific services are required.
7. Overall capacity to achieve outcomes is an important factor when considering whether Indigenous-specific programs and services should be established to meet identified need or whether to enhance mainstream programs.
8. Coordination or service delivery within and between governments.
9. Improving community capacity is a key factor in achieving sustainable outcomes for Indigenous communities.
10. Data collection systems require continuous improvement to ensure performance reporting on key Indigenous outcomes is of a high standard and enables resource allocation to be better aligned with identified need, including geography.

Appendix 2 - Summary of Indigenous Measures – Budget 2007-08

A Better Future for Indigenous Australians

Housing

- *Implementation of Australian Remote Indigenous Accommodation (ARLA) Programme: \$293.6 million* over four years to kickstart a major reform strategy aimed at reducing overcrowding in remote Indigenous communities. This is over and above the current level of Indigenous housing funding of around **\$380 million** a year.

Early Childhood

- *Health@Home Plus: \$37.4 million* to provide home visits by health professionals and support teams for children aged 0-8 in outer regional and remote areas.
- *Expansion of playgroups for Indigenous families: \$13.8 million* for more playgroup services and to develop Indigenous parenting skills.
- *Improved access to child care and early childhood services: \$23.5 million* to establish 20 new Innovative Child Care Service Hubs in rural and remote communities and to provide support for existing child care centres to improve services and improve access to mainstream programmes.
- *Longitudinal Study of Indigenous Children – continuation: \$8.9 million* to support the \$12.0 million longitudinal study *Footprints in Time*, to monitor health and development outcomes of Indigenous babies and 4–5 year olds.

Health

- *Family centred primary health care: \$38.2 million* for existing Indigenous primary health care service delivery by funding up to 45 additional health professionals, new and upgraded buildings and clinics in six rural and remote areas and business management training for 100 Indigenous health service managers.
- *Establishing quality health standards: \$36.9 million* for Indigenous health services for upgraded buildings and clinics, patient information and management systems, staff training, and management support to enable them to meet Australian health care standards.
- *Continuing the National Illicit Drug Strategy – Indigenous Community Initiative: \$14.6 million* to fund a variety of projects to provide evidence-based Indigenous-specific treatment guidelines, together with alcohol awareness products and other resources to enable Indigenous communities to address misuse of alcohol and other drugs.

New Opportunities in Education

- *The promise of education: \$177.4 million* to provide an extra 860 places in the Indigenous Youth Mobility Programme—which assists young Indigenous people from remote areas to access training in major centres—and an extra 750 Indigenous Youth Leadership Programme scholarships for young Indigenous people from remote areas to study at high performing schools and universities. To provide new boarding hostel places for Indigenous secondary schools students from remote areas by funding (in partnership with others) hostel facilities in regional centres and to provide much needed capital funding to a number of boarding schools with strong track records of providing secondary schooling

for Indigenous young people. Also provides capital upgrades to existing boarding schools to create additional places and extension of Youthlink and Reconnect programmes to support young people away from home.

- *Expanding employment pathways for Indigenous young people: \$32.8 million* to fund 1000 Indigenous Access Scholarships for higher education and to enhance ABSTUDY entitlements.
- *Accommodation support for education and health: \$29.0 million* to provide a secondary education hostel in Kununurra, renal dialysis hostel accommodation in Queensland and the Northern Territory and aged care accommodation in Perth.

Economic Independence and Welfare Reform

- *Foundations for Indigenous welfare reform: \$10.0 million* from existing resourcing for a first stage of welfare reform with the community by establishing new norms and strengthening mutual obligations in the Hopevale community in Cape York around housing tenancy, alcohol management, school attendance, money management, home ownership and economic opportunity.
- *Building an Indigenous workforce in government service delivery: \$97.2 million* to create 825 jobs through the conversion of Community Development Employment Projects (CDEP) positions into real jobs in government service delivery at a net cost of \$61.3 million.
- *Enhancing opportunities for employment and participation in remote communities: \$23.0 million* to apply work-related activity testing to people by accelerating the lifting of Remote Area Exemptions in remote communities and providing more participation opportunities for people receiving income support.
- *COAG work skills vouchers: \$21.4 million* to fund projects to attract, engage and support Indigenous adults in regional and remote communities to take up training through the *Work Skills Voucher* programme.
- *Improving accountability and increasing returns from Indigenous assets: \$2.2 million* to research the structure and accountability of organisations managing Indigenous assets.
- *Centrelink access sites – continuation of funding: \$12.5 million* to improve Centrelink services to Indigenous customers and communities in rural and remote Australia.

Cultural Measures

- *Digitisation of Indigenous cultural resources: to provide a further \$10.2 million* to complete the task of protecting the most ‘at risk’ fragile and deteriorating part of the collection of the Australian Institute of Aboriginal and Torres Strait Islander Studies.
- *Extension of the Return of Indigenous Cultural Property Programme: \$4.7 million* to fund repatriation of cultural property held in Australian museums.

Other

- *Community Development Employment Projects (CDEP) programme – continuation of funding: \$50.7 million* to provide additional places in the Community Development Employment Projects programme that provide activities to prevent family violence and substance misuse problems in Indigenous communities.
- *Continuation of the Cape York Digital Network: \$2.2 million* to continue funding of this key communication service linking Indigenous communities in Cape York.
- *Indigenous liaison pilot programme for the Family Court of Western Australia: \$0.7 million* to fund two Indigenous Family Liaison Officers to assist the Family Court of Western Australia.

- *Continuation of funding for Indigenous social and economic research: \$0.7 million* to provide funding for social and economic Indigenous research.
- *Illegal foreign fishing – Indigenous rangers trial: \$0.6 million* to fund Indigenous rangers in three remote Indigenous communities to patrol the Australian coastline increasing the surveillance and apprehension of illegal foreign fishers, with \$0.3 million of the funds from existing resources of the Australian Customs Service.

Appendix 3 – COAG National Framework of Principles for Government Service Delivery to Indigenous Australians, and the Overcoming Indigenous Disadvantage Framework

In June 2004, the Council of Australian Governments agreed to a *National Framework of Principles for Government Service Delivery to Indigenous Australians* as part of a commitment at all levels of government to cooperative approaches between agencies to maintain and strengthen government effort to address Indigenous disadvantage. The principles address:

- sharing responsibility;
- harnessing the mainstream;
- streamlining service delivery;
- establishing transparency and accountability;
- developing a learning framework; and
- focusing on priority areas

The priority areas of the Overcoming Indigenous Disadvantage Framework developed by the Productivity Commission are:

- early childhood development and growth;
- early school engagement and performance;
- positive childhood and transition to adulthood;
- substance use and misuse;
- functional and resilient families and communities;
- effective environmental health systems; and
- economic participation and development.

Acronym List

AACAP	Army Aboriginal Community Assistance Program
ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Teams
ACRRM	Australian College of Rural and Remote Medicine
AGs	Australian Government Attorney-General's Department
AHL	Aboriginal Hostels Limited
AHMC	Australian Health Ministers' Conference
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIDS	Acquired Immune Deficiency Syndrome
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drugs
ARIA	Australian Remote Indigenous Accommodation Programme
ATSIC	Aboriginal and Torres Strait Islander Commission (disbanded in 2004)
ATSISS	Aboriginal and Torres Strait Islander Services
CDEP	Community Development Employment Projects
COAG	Council of Australian Governments
DCITA	Australian Government Department of Communications, Information Technology and the Arts
Defence	Australian Government Department of Defence
DEST	Australian Government Department of Education, Science and Training
DEW	Australian Government Department of the Environment and Water Resources
DEWR	Australian Government Department of Employment and Workplace Relations
DoHA	Australian Government Department of Health and Ageing
enHealth	Environmental Health
FaCSIA	Australian Government Department of Families, Community Services and Indigenous Affairs
FHBH	Fixing Houses for Better Health
GIS	Geographic Information System
GPs	General Practitioners
HACC	Home and Community Care
Health Forum	Aboriginal and Torres Strait Islander Framework Agreement Health Forums
HIV	Human Immunodeficiency Virus
HOIL	Home Ownership on Indigenous Land initiative
IBA	Indigenous Business Australia

ICC	Indigenous Coordination Centre
KRA	Key Result Area
LCP	Local Community Partnership
MBS	Medicare Benefits Schedule
MLOs	Medicare Liaison Officers
MoU	Memorandum of Understanding
MSOAP	Medical Specialist Outreach Assistance Program
NAGATSIHID	National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
NATSIHC	National Aboriginal and Torres Strait Islander Health Council
NATSIHON	National Aboriginal and Torres Strait Islander Health Officials Network
NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NHMRC	National Health and Medical Research Council
NIHG	National Indigenous Housing Guide
NRCP	National Respite for Carer Program
NSPs	Needle and Syringe Programs
OATSIH	Office for Aboriginal and Torres Strait Islander Health
OIPC	Office of Indigenous Policy Coordination
PBS	Pharmaceutical Benefits Scheme
PIP	Practice Incentives Program
RAM	Resource Allocation Model
RPA	Regional Partnership Agreement
RTOs	Registered Training Organisations
SNAP	Smoking, Nutrition, Alcohol and Physical Activity
SRA	Shared Responsibility Agreement
STIs	Sexually Transmissible Infections
TGA	Therapeutic Goods Administration

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