EXECUTIVE SUMMARY

CHAPTER 1 - INTRODUCTION

To date there has been no agreed national Aboriginal health strategy, nor have there been the co-ordinating mechanisms or a comprehensive data base to ensure and measure the success of such a strategy.

With this in mind Commonwealth, State and Territory Ministers for Aboriginal Affairs and Health agreed to the establishment of the National Aboriginal Health Strategy Working Party at a meeting in December 1987.

Terms of Reference for the Working Party are:

a. Report on Commonwealth/State and community funding arrangements, including financing of primary health care services and social health programs in Aboriginal Communities.

b. Develop strategies to achieve improvements in the short and long term, taking into account specific health problems, health service provision, administrative and funding arrangements, Aboriginal participation, research and data collection and ongoing monitoring.

c. Develop strategies to maximise the involvement of Aboriginal people in their own health care.

d. Consider intersectoral co-ordination including Commonwealth, State, local and health service agency responsibilities.

e. Develop a mechanism to monitor progress towards achieving targets, taking into account performance indicators developed as part of the policy.


An extensive consultation process was undertaken by Working Party members with Aboriginal communities and groups throughout Australia. This process is described in detail in this Chapter and Appendix I.

In addition, the Working Party received a large number of written submissions. Relevant quotes and comments are drawn from these submissions, which provided a valuable framework for consideration of Aboriginal communities views.
CHAPTER 2 - CURRENT STATE OF ABORIGINAL HEALTH

This chapter reviews previous Government initiatives, compares available statistics and factual data with those of non-Aboriginal Australians, and discusses demographic, socio-economic and other factors which influence Aboriginal health status and the delivery of health services. Brief mention is made of the number of Aboriginals in the workforce in Australia.

The Working Party recognises that the data is by no means comprehensive, due to the fact that no national database exists at this time, however there is clear evidence that Aboriginal people have the worst health of any identifiable group in Australia.

CHAPTER 3 - COMMONWEALTH/STATE RESPONSIBILITIES

The Terms of Reference direct the Working Party to report on Commonwealth/State funding arrangements.

Many authorities have responsibility for various policies and programs which directly or indirectly affect the health of Aboriginal people and each of these was taken into account in the deliberations of the Working Party.

This Chapter outlines the roles and responsibilities of various Commonwealth, State and Territory Governments, and other authorities, and describes specific programs as they relate to arrangements and expenditure are provided although in some instances expenditure on specific populations cannot be identified eg. when mainstream programs are utilised. Attention is drawn to the obvious connections between the provision of essential services such as water, sewerage and electricity and health status.

The need to define and co-ordinate Government responsibilities is emphasised and co-ordinating mechanisms discussed.

Generally the Working Party is critical of existing arrangements and expressed concern that formal Commonwealth/State co-ordination mechanisms in Aboriginal Affairs do not exist in most States and Territories, although the fact that the New South Wales and Victorian State Aboriginal consultative and advisory bodies do include some Commonwealth representation was noted.

The Working Party sees the need for the establishment of an ongoing national forum and made the following recommendations as the means by which co-ordination can be improved, services rationalised, monitoring and evaluation mechanisms established and improvements in health status achieved.

The Working Party recommends that:

- the Aboriginal health function remain within the portfolio responsibility of the Minister for Aboriginal Affairs;
- the Australian Health Ministers Council (AHMC) and the Aboriginal Affairs Council (AAC) establish a Council of Aboriginal Health as a Standing Committee to both Councils;
- there be ongoing joint annual meetings of Commonwealth/State/Territory Ministers for Health and Aboriginal Affairs with the purpose of:
  - reviewing the implementation of the National Aboriginal Health Strategy;
  - reviewing regular reports from the Council of Aboriginal Health; and
  - these arrangements to be reviewed in five years.

That there is recognition of the need for the existence of a National Aboriginal Community Control Health Organisation:

a) and that there be established a formal relationship between the National organisation and any bodies emanating from decision of the National Aboriginal Health Strategy Working Party;

b) such formal relationship shall include representation from community controlled organisations.

Council of Aboriginal Health

The Council of Aboriginal Health should meet quarterly and its functions should include:

- reviewing progress towards the implementation of the NAMS, recommend any necessary changes to the strategy to the joint Ministerial Forum, paying specific attention to intersectoral collaboration;
- reviewing annual implementation reports from the various Commonwealth/State/Territory Governments and Aboriginal community organisations involved in health; and
oversighting the development of a national data base of Aboriginal health statistics.

The Working Party recommends that:

- the establishment of a permanent Secretariat within the Aboriginal Affairs portfolio to service the Council; and
- the Council for Aboriginal Health and its Secretariat be jointly funded by the Commonwealth, States, and Territories and the the Commonwealth bear the costs of community representatives involved in the Council.

Office of Aboriginal Health

The Working Party recommends that:

- the ATSIC Bill be amended to provide for the establishment of an Office of Aboriginal Health to have the following functions:
  - organise and, where appropriate, undertake the regular assessments described in Chapter 12, Monitoring and Evaluation;
  - monitor and evaluate the Commonwealth sector activity in Aboriginal health with regard to the goals outlined in this strategy;
  - co-ordinate the implementation of Aboriginal health programs in the Commonwealth sector;
  - promote intersectoral collaboration in the Commonwealth sector and furnish reports as required by the Council, State, Territory and Commonwealth Governments;
  - one of the appointed Commissioners to the proposed ATSIC be a health commissioner and be a member of the Council of Aboriginal Health; and
  - Ministers agree to set up in each State and Territory a tripartite forum similar to the Council of Aboriginal Health in order to examine, promote, and resolve issues relating to intersectoral collaboration with the State and Territory. The first task of the forum will be to finalise arrangements for ongoing mechanisms to promote intersectoral collaboration. These were originally outlined in a World Health Organization publication Primary Health Care: (Theory to Action, EURO Reports and Studies No. 69)

In recommending the creation of an Office of Aboriginal Health within the portfolio responsibility of the Commonwealth Minister for Aboriginal Affairs the Working Party has proposed an organisational arrangement which was not supported by the majority of community organisation representatives who attended the national conference in Adelaide on 27 and 28 February 1989.

The conference delegates were strongly of the view that any new organisational arrangements should ensure complete independence and autonomy from the Department of Aboriginal Affairs. They considered that these conditions could only be assured by statutory means which would also allow the new body to have independence and direct access to the Minister for Aboriginal Affairs.

In deciding to recommend that the Office of Aboriginal Health be created as a non-statutory body within the Aboriginal Affairs portfolio, the Working Party considered that the needs of co-ordination, particularly of funding sources at the Commonwealth level, would be best served. As recommended, the Office of Aboriginal Health would have a direct relationship not only to other portfolio agencies but, just as importantly, to other Commonwealth Departments, such as the Department of Employment, Education and Training, Australian Construction Services and Department of Community Services and Health, which have a direct impact on the provision of health services to Aboriginal people.

The Working Party does, however, share the concerns of the conference delegates as to the Office's independence and autonomy and believes that these problems can be at least minimised, if not totally eliminated, if a Commission under the proposed ATSIC legislation could be designated as having a direct responsibility for health issues.

CHAPTER 4 - HEALTH SYSTEMS INFRASTRUCTURE

The Working Party recognises the need to identify the key components of the health systems infrastructure and their relationship to the successful delivery of services.

In this Chapter three key infrastructure components i.e. health resources, arrangement of resources and management and economic support, are identified and examined.
The existing approach to Aboriginal health, and the current provision of services and resources are seen as frequently inadequate, inappropriate and inequitable.

There is strong argument for the adoption of community controlled Aboriginal health services as the most appropriate service type, and for the transfer of primary level health services to community controlled Aboriginal health services, with States retaining responsibility for secondary and other level health services.

Requirements for health facilities and service provision are identified together with funding proposals aimed at providing remuneration packages which will attract and retain appropriate staff.

The Working Party recommends that:

- minimum standards be developed for existing and future primary level facilities, particularly Aboriginal community controlled health services;
- the Commonwealth and States establish a clear and uniform policy and program for the provision of funds to enable community Aboriginal Health Services to purchase suitable buildings and other community facilities;
- in the interim $23 million be provided over the next 3 years for structural and other user oriented improvements in the existing primary level facilities of health services;
- there be a significant increase in the number of Aboriginal health services;
- priority in funding new services be given to the more remote and isolated areas;
- appropriate awards and conditions be developed drawing on the contents and experience of the Northern Territory and Western Australian Aboriginal Health Awards, the VAHS Award, CAAC and Nganampa Awards and other proposed State and National Awards;
- funding cycles of Aboriginal health services be extended to provide for 5 year budget and funding cycles;
- funding for services be released in one block for each year;
- the States/Territories should ensure that an appropriate range of secondary level services are available to Aboriginal communities, including specialist services;
- the States/Territories, as a matter of urgency expand, and where necessary introduce, Aboriginal hospital liaison staff in areas where Aboriginal utilisation of services is high, or where there is a specific need in an Aboriginal community;
- the States/Territories examine the environment of existing and future secondary level facilities and promote the use of facilities familiar and culturally acceptable to Aboriginal people and communities. Aboriginal communities must be fundamentally involved in the design and negotiation process;
- the regular sharing of information between primary and secondary levels of care should occur to assist both in the planning, management and evaluation of service to particular communities;
- there should be a clear division of responsibility for funding. Multiple source funding and duplication of services create program management and administrative difficulties;
- primary level Aboriginal health services presently being delivered by State governments should be transferred to existing or proposed Aboriginal community controlled primary level services; and
- $417 million be provided over the next five years to enable these immediate needs to be met.

Essential services such as sewerage and water supply systems, and communication systems are viewed as integral to effective health systems infrastructure and recommendations are made to improve the effectiveness, adequacy and appropriateness of these essential services. A report prepared for the Working Party by Australian Construction Services provides practical technical information on available options for sewerage and water supply systems, and comparative costs of various systems.
The Working Party recommends that:

- the Commonwealth and all of the States and Territories fund communities to undertake joint assessments of essential services and community infrastructure needs in Aboriginal communities, outstations and settlements to ensure the Aboriginal people have standards of essential services and living acceptable to them;
- adequate funding be provided to communities to provide appropriate and adequate sewerage and water supply systems to remote Aboriginal communities as identified in the joint assessments of essential services and community infrastructure needs;
- funding also be allocated to communities for the implementation of community acceptable local essential services/infrastructural development programs;
- education courses be introduced to train key community personnel in aspects of hygiene, proper toilet use, sewerage disposal and water supplies, and to carry out maintenance repair work;
- at least two people from each community be sponsored to attend such courses; and
- where town-based maintenance services are inadequate to meet community need, service teams be established to work from a central base to ensure teams are available within each region.

Areas identified as needing new or expanded Aboriginal health services are included.

CHAPTER 5 - Training and Education Issues

The Working Party recognised the importance of the role of Aboriginal Health Workers who have become "an integral part of the clinical staff of the Aboriginal health services." Further their roles and functions have evolved with the development of the AHWs. Their success is linked to their close association with, and infinite knowledge of the communities they serve.

In this Chapter importance is placed on Aboriginal Health Worker programs. The content of various programs, including the core curriculum from four States and the Northern Territory are compared. The issue of accreditation and registration of Aboriginal Health Workers is raised.

The Working Party recommends that:

- to ensure stability and co-ordination in the planning and funding of Aboriginal health worker training the Commonwealth initiate negotiations with State agencies, including training providers, and Aboriginal communities at the regional or State level to develop adequate training resources for Aboriginal Health Workers;
- the Commonwealth, State and Territory Governments, in conjunction with the Aboriginal community health section, encourage health education and training institutions to develop uniform accreditation standards for Aboriginal Health Worker courses to assist mobility and to enable health workers to gain entry to the related health and professional education and training arenas;
- secure employment and career opportunities be created for Aboriginal Health Workers and other Aboriginal workers in the health field; and
- funding for professional development for Aboriginal Health Workers and other workers in the Aboriginal health sector should be part of the recurrent budget of organisations.

Appropriate education and training of health professionals, including cultural, social and professional orientation and preparation to work in the field of Aboriginal health are viewed as significant to the provision of appropriate health care.

The Working Party supported calls for more Aboriginals to undertake medical, nursing and paramedical courses and examines the reasons for the low entry of Aboriginal students into these courses.

Ways in which students can be encouraged to undertake tertiary studies are discussed, based on the experiences of tertiary institutions which have introduced special procedures and support structures. The reviews are supported by the findings and recommendations of The Committee of Inquiry into Medical Education and Medical Workforce (Australian Medical Education and Workforce into the 21st Century, April, 1988).

The Working Party recommends that:
tertiary institutions responsible for undergraduate
and post-graduate medical, nursing, and paramedical
courses by approached to include the compulsory
study of Aboriginal culture and history and health
issues as part of formal course work;

where possible, Aboriginal people should be
involved in the development and teaching of these
units;

course work foster a primary health care approach
to professional practice, adopting the principles
of community control and participation, health
awareness, health promotion and health education;

where clinical experience is a component of formal
studies, or necessary for professional
registration, opportunities are provided and
placements actively sought for supervised clinical
experience to be undertaken in Aboriginal health
services, remote communities, and other appropriate
health care facilities;

professional staff participate in orientation
programs prior to their employment in Aboriginal
health services or within Aboriginal communities.
This orientation should include both professional
orientation and social expectations of their roles
and be followed up with ongoing professional
development throughout the employment period;

negotiations with professional organisations
commence immediately with the aim of introducing
culturally appropriate and relevant postgraduate
and continuing education programs. Where possible,
Aboriginal people should be involved in the
development and presentation of these programs;

encouragement be given to professional journals and
other publications to increase their content with
regard to Aboriginal health issues and other
aspects of Aboriginal culture which has an
influence on wellbeing;

every effort should be made to attract and retain
Aboriginal people in courses of study which will
qualify them for careers as health professionals;

Aboriginal students should be exempt from payment
of the tertiary graduate tax to encourage them to
undertake tertiary studies;

health services must be provided with resources to
allow communities and their health services to
accept placement of students; and

that action be taken to implement recommendations,
5(iii), 5(vii), 6(iv), 6(v), 7(vii), 8(iii), 8(iv),
11(xiv), 12(iii), 12(iv), 12(v) of the Committee of
Enquiry into Medical Education and Medical
Workforce;

Other service providers, particularly teachers, police and
corrective services staff are seen to have a major impact on
Aboriginal health.

The Working Party recommends that:

more opportunity be given to Aboriginal people to
become service providers, for example teachers,
police, trades people by establishing community
based education and training programs;

educational and training courses for other service
providers include the study of Aboriginal culture,
history and health issues. Particular emphasis
should be placed on the inclusion of formal units
in teacher education course work. Where possible
Aboriginal people should be involved in the
development and presentation of this material;

where practical experience is a component of formal
studies, opportunities are provided and placements
actively sought for supervised practical
experience to be undertaken in Aboriginal
communities;

culturally appropriate orientation programs,
continuing education programs and in-service
studies be developed and presented, where possible,
by Aboriginal people;

police and prison staff should receive adequate
preparation for their role in relation to
Aboriginals through appropriate orientation and
training programs; and

programs should include:

Aboriginal health issues and the effects of
culture, tradition, socio-economic status and
dispossession on health status;
effective communication skills which recognise these factors;

- the recognition of signs and symptoms which could be indicative of specific health problems, e.g., hypoglycaemia, epilepsy, cardiac disorders;

- an understanding that medical conditions, medication, alcohol and other substance abuse can alter behaviour, and lead to confrontational behaviour;

- appropriate action when there is the slightest suspicion of health problems including alcohol or other substance abuse, e.g., referral to medical practitioners, utilisation of Aboriginal support systems and community groups criteria for transfer to hospital or another suitable, supervised medical environment treatment to be instituted in the case of medical emergencies; and

- resources be provided for the education and training of Aboriginal people to replace non-Aboriginal people where there are no Aboriginal people to perform these duties and that these arrangements be included in job contracts for non-Aboriginal people.

CHAPTER 6 - INTERSECTORAL COLLABORATION

The Working Party recognises that improvements in health status depends on the co-ordinated and measured interaction of many areas or sectors of development. This Chapter defines intersectoral collaboration and its philosophical framework before converying perceived barriers, cultural and socio-political considerations, housing, environmental and public works, education and employment.

The need for a proposed mechanism to achieve better intersectoral collaboration is argued.

The Working Party recommends:

- the establishment of mechanisms for intersectoral collaboration anchored to the Aboriginal Affairs portfolio, but independent from existing agencies.

CHAPTER 7 - HEALTH SERVICES IN THE TORRES STRAIT ISLANDS

The Working Party recognises the distinct status of the people of the Torres Strait area.

This Chapter describes the islands which make up the Torres Strait and provides a social history.

Current health services are outlined and the specific health issues and current social and environmental issues are discussed, taking into account the uniqueness of the people and their traditional and cultural beliefs.

It is recommended that:

- the present Hospital Boards be expanded to the maximum number of nine members and renamed and restructured as a Health Services Board for the region;

- there would be benefit to the people of the Torres Strait Islands if an acceptable researcher/dietitian/nutritionist were to undertake a detailed and specific study on the value of traditional food in the Torres Strait Islands, with a view to convincing health care providers, such as Governments, that the problem of diabetes in the Torres Strait Islands is serious;

- each Island store is equipped with adequate refrigeration capacity and general storage to ensure sufficient food supply, both regular lines and diabetic foods, to fully span the period between supply ships;

- where no such system exists, appropriate waste disposal systems be planned and installed on each inhabited island, as well as in each of the Northern Peninsula Area communities;

- all health care clinics be provided with a 24 hour telephone service; and

- roads considered relevant to communities be sealed.

A detailed proposal supports community control of all its Government funded health services through expansion of Hospital Boards.
CHAPTER 8 - SPECIFIC HEALTH ISSUES

Aboriginal people identified a range of specific health issues which concerned them during the process of community consultations. These perceived health issues were supported and augmented by submissions to the Working Party, and other letters, papers, articles and personal representations.

This Chapter outlines broad strategies to overcome specific health problems.

The Working Party deliberately recommends strategies which are not prescriptive and limiting, but can be adapted at the State, local and community level according to specific requirements and conditions.

Emphasis is placed on the need for the development and evaluation of culturally appropriate, relevant health promotion, education, and prevention programs in addition to purely curative programs. Resource and staffing issues are addressed in this context.

The Working Party points out that strategies for the prevention of lifestyle, or creed any other diseases, which have proved effective in non-Aboriginal communities cannot be assumed to be appropriate for Aboriginal communities.

The Working Party is concerned that any attempt to set targets before a full range of services is provided will inevitably lead to limited success in the achievement of those targets.

Whilst the Working Party has "set" some specific targets, these should be viewed as indicative only. Achievable, measurable and realistic targets must be based on essential baseline data which is not currently available. Further, the Working Party believes that targets must be set in conjunction with Aboriginal people and service providers.

CHAPTER 9 - WOMEN'S BUSINESS

Whilst women's health issues cannot be isolated from the general health issues that affect men, families and the communities at large, and are not seen as separate by Aboriginal women, it is believed that it is appropriate to include a Chapter on Women's Business in the report.

The Chapter explains the philosophical basis for a wide range of strategies covering many specific issues.

In addition to suggested strategies, the following recommendations are made:

- the establishment (after consultation with Aboriginal women) of culturally appropriate birthing centres where Aboriginal women's law and culture will be strengthened and maintained;
- the provision of education programs that explain and encourage regular breast and cervix cancer screening;
- the provision of facilities that make regular breast and cervical cancer screening accessible and acceptable to Aboriginal women;
- the introduction of culturally appropriate and accessible ante natal classes be introduced for Aboriginal women;
- these classes must be designed and presented by Aboriginal women where possible;
- alternative, culturally appropriate means of health service delivery must be developed in areas which are poorly serviced;
- education programs must be developed that include:
  - the benefits of early antenatal and postnatal care;
  - practices and procedures which constitute health antenatal and postnatal care;
  - the consequences of poor or late antenatal and post natal care;
- health care deliverers must ensure that Aboriginal women are fully informed of any birthing procedures they be required such as:
  - forceps delivery;
  - episiotomy;
  - caesarean section;
  - local anaesthetic (epidural);
  - general anaesthetic;
  - induced labour;
possible marks on newborn child; and
complications that may arise.

advanced education programs for those Aboriginal Health Workers who wish to specialise in women's health issues be developed;

extra support be given to Aboriginal women who are taken into custody if they are pregnant, breast feeding or have children;

funds be made available to Aboriginal community groups to develop audio visual and other health education material for ante and post natal care;

the Commonwealth, State and Territory Governments allocate funds for:

upgrading specialist gynaecology and obstetric facilities and services, within regions and districts in the remote areas;

upgrading and equipping regional and district hospitals in remote areas to cater for birth deliveries; and

culturally appropriate community awareness and education programs, which outline reasons for screening, outline the procedures involved, the recommended action following abnormal results and the likely consequences of abnormal results should be explained.

These programs should promote:

- yearly pap smears for women;

- monthly breast self-examination; and

- every Aboriginal woman be shown the technique of breast self-examination, and be encouraged to use it, (doctors and Aboriginal health workers do this).

CHAPTER 10 - ALCOHOL AND OTHER SUBSTANCE ABUSE

The Working Party and Aboriginal communities identified alcohol and substance abuse, and its complications and manifestations as one of the major health problems facing Aboriginal people.

It is considered that alcohol abuse is not only a disease in itself but it is also a major contributing factor to the complications of many other medical conditions. In addition to this, it contributes to social disharmony and dysfunction, resulting in trauma, for example road accidents, physical violence and neglect of children.

This Chapter examines the extent of the problem, and seeks to understand the use of alcohol in Aboriginal communities, including the social implications.

It is acknowledged that alcohol is ultimately a symptom of far wider problems, namely dispossesion, alienation and discrimination.

The Working Party examined various treatment programs and was emphatic that most treatment regimes, which are not designed for Aboriginal people, are culturally, socially and traditionally inappropriate and ineffective.

There was concern expressed at existing laws in relation to alcohol, and the association made between alcohol, suicide and deaths in custody.

The Chapter also addressed the issues of petrol sniffing and psychoactive drugs.

The Working Party recommends that:

- funds to be made available for accredited courses for Aboriginal drug and alcohol workers employed by Aboriginal health services and rehabilitation services throughout Australia;

- more educational programs be made available to adults and children in Aboriginal and non-Aboriginal communities on the effects of alcohol and other drugs;

- positive media campaigns using well known Aboriginal role models, be designed and promoted throughout Australia to dissuade Aboriginal youth from abusing alcohol, cigarettes, or any other drugs of addiction;

- educational projects be developed that clearly demonstrate the associated problems of excessive consumption of products that can be abused;
a system of legally approved visitations to detainees by staff of Aboriginal medical services and counsellors from alcohol rehabilitation programs be developed;

detoxification and rehabilitation projects be provided with additional resources to address the needs of patients who have undergone treatment and the special needs of their families;

people suffering problems of addiction should not, wherever possible, be removed from their community environment to obtain treatment;

A network of community-based organisations be developed as an urgent priority. For example, there are no effective community-based rehabilitation programs north of Cairns in Queensland;

greater liaison with police to avoid locking up people simply because they are drunk;

a system of safe houses needs to be developed, where people who are intoxicated can be taken instead of being locked up. The circumstances leading to many deaths in custody clearly indicate the need for this type of facility;

the setting aside of specific areas and facilities where people can go to without disrupting other community members;

consideration be given to developing some means of preventing, or at least substantially reducing, the present widespread practice of cashing Social Security cheques at hotels or liquor outlets. The co-operation of the liquor industry should be sought;

the following procedures should be followed when an intoxicated Aboriginal person is picked up:

- taken to a sobering up centre/safe house;
- referred for medical assessment; or
- sent to a half-way house or a rehabilitation centre depending on the outcome of the medical assessment report.

the restructuring of programs currently being provided so that those undertaking treatment can be given meaningful training to enable them to find a useful place in their community structure when they complete the program;

follow-up mechanisms be established to monitor the progress of clients who have undertaken a rehabilitation program and to provide appropriate support;

staff of Aboriginal health services, rehabilitation services, and other associated organisations need to be provided with adequate and appropriate education to equip them to treat people with problems of addiction;

such education should have a formal accreditation process to enable graduating staff to obtain employment in similar programs throughout Australia;

all existing and future Aboriginal alcohol and substance abuse programs be monitored and evaluated for effectiveness;

that information about the types of programs being used to reduce alcohol or substance abuse should be readily available to other communities;

on those communities that request it a system of Community Workers be established who would be empowered by law to confiscate liquor and vehicles from intoxicated people within prescribed areas of the communities;

the States and Territories implement uniform legislation to provide for heavy fines, in the order of $10,000, and to allow for confiscation of vehicles, aircrafts or vessels used in the illegal sale of alcohol in Aboriginal communities;

to enable Aborigines the opportunity of redressing the current dramatic problems of alcohol and substance abuse, an additional of $5 million in Direct Grant Funds in 1988-90 and an additional $10 million per year for the next four financial years until 1993-94 be provided;

Commonwealth/State and Territory Governments set aside a percentage of the revenue obtained from liquor sales tax and excise to provide funding for alcohol awareness, prevention and rehabilitation programs for Aboriginals; and
essential capital equipment to projects, the development of a uniform salary structure for alcohol rehabilitation workers, and public awareness projects to deter youth from becoming involved in substance abuse all of which have been unavailable due to lack of funding. The above programs plus the provision of salaries for Aboriginal staff to work in State controlled organisations are considered essential.

All such additional funding should be on a dollar for dollar basis with the State and Territory Governments.

CHAPTER 11 - ABORIGINAL HEALTH RESEARCH

Aboriginal people have an on-going concern that research is frequently imposed on Aboriginal communities, with those communities usually having no control nor redress. The benefits of research to Aboriginal people is questioned and there is a widely held, strong view that such existing research is of little direct or indirect benefit and is often detrimental.

This Chapter scrutinises broad ethical issues associated with research in Aboriginal communities, including consultation, consent and review with the people concerned.

The Working Party is firmly of the view that where possible Aboriginal people should be involved in all stages, including the actual research investigation if appropriate, and that research material and data should remain the property of the community.

Limited or inappropriate funding has been evident in the past.

The Working Party believes that specified funds should be directed to identified priority research areas in the future.

The Working Party recommends that:

- ethical guidelines, on Aboriginal health research as outlined in this Chapter be adopted nationally by research institutions and researchers;
- the paper 'Report of the National Workshop on Ethics of Research in Aboriginal Health', be adopted as the basis for considering Aboriginal health research proposals;
- the NHMRC should annually set aside a fixed proportion of research monies it administers for research projects in Aboriginal Health; and
the Commonwealth Government set aside two million dollars per annum for research projects conducted by, and specific to, Aboriginal communities and Aboriginal community controlled organisations.

Additional funds should also be available from Department of Employment, Education and Training to assist Aboriginal people to develop and enhance research skills.

CHAPTER 12 - MONITORING AND EVALUATION

Monitoring and evaluation, if it is to benefit Aboriginal communities, must also be consumer and community orientated. This Chapter looks at the meaning of monitoring and evaluation and their relationship to primary health care.

The Working Party considers ways in which the process of monitoring and evaluation can be tested to ensure that it will satisfy the purposes for which it is intended.

In response to the need for a national database, four components are identified as priority areas for which appropriate mechanisms and methodologies of monitoring and evaluation should be developed. These are health service delivery, systems, infrastructure and intersectoral collaboration, environmental and social health, and vital statistics and sentinel health events.

Monitoring and evaluation of these key components is considered to be a gauge of success or otherwise of a national Aboriginal health strategy.

The Working Party recommends that:

- funds should be made available to community controlled health agencies to prepare and conduct a suitable public awareness program to encourage Aboriginal people to identify;

- the co-operation of community agencies in such an initiative is fundamental to achieving maximum coverage;

- State and Territory agencies involved in the collection of relevant data should provide sensitivity education for staff who are likely to be expected to ask these questions;

- the forthcoming meeting of the Ministerial Forum for Aboriginal Affairs and Health reaffirm and give renewed commitment to the establishment of a system for the collection and collation of sound and valid national Aboriginal and Islander vital statistics. In particular, the achievement of the following is proposed by December 1989:

  - recording of Aboriginality or Islander on all Hospital admissions and separation forms, and

  - the recording of Aboriginality or Islander on notifications of Birth, Stillbirths and Death,

  - there be further development and implementation of a Sentinel Health Events Program in Aboriginal health;

  - evaluation of the Sentinel Health Events program could be undertaken by the state level tripartite working group, recommended in Chapter 3;

  - an Advisory group comprising elected/selected representatives from Aboriginal health services together with support from the Australian Institute of Health be requested to prepare the detailed program pro forma by September 1989. The staged implementation of the program, should be geared to commence by February 1990 with the first national collection undertaken in the first half of 1991;

  - the Family Health Program, presently being piloted and evaluated by the Victorian Aboriginal Health Service, be further developed as a basis for monitoring and evaluation at the community level;

  - the proposed Office of Aboriginal Health negotiate with those bodies responsible for the design of the program to broaden its application nationally; and

  - given a stated preparedness by those bodies involved to undertake such negotiations the staged introduction of the Family Health Program could commence in the 1989/90 financial year and be completed by the conclusion of the 1990/91 financial year. National collections and collation of data from this program could commence therefore on a limited but reliable basis in fiscal year 1989/90; and
the proposed Office of Aboriginal Health be responsible for the monitoring and evaluation of practices and programs of Commonwealth agencies involved with the National Aboriginal Health Strategy. In particular, the Office would assess and report on the Commonwealth sectors preparedness and progress towards successful intersectoral collaboration.

Other functions of the Office of Aboriginal Health would include:

- a triennial assessment of key infrastructural matters of concern to the Strategy e.g., health workforce and facilities, and the organisation of resources and economic support;
- a biennial assessment of environmental conditions in Aboriginal communities including housing, water, sewerage and waste disposal, dust control and other relevant factors;
- an annual assessment of the progress towards successful intersectoral collaboration within the Commonwealth sector and nationally;
- an annual assessment of Aboriginal vital statistics;
- a triennial assessment of the Sentinel Health Events Program; and
- the following indices and indicators be established:
  - Sentinel Health Events untimely, unnecessary death
    (provider based)
    unnecessary disease
    unnecessary disability
  - Family Health Program (consumer based)
    prevalence of disease
    environmental and social health service provision and utilisation
    primary health care and servicing coverage

Health Systems Infrastructure
- health staff
- resources including skills transfer
- health facilities
- organisation of resources
- economic support
- systems operation
- including movement within and between levels and stations of care

Environmental Conditions
- housing
- water
- sewerage and waste disposal
- other environmental factors

Intersectoral Collaboration
- budgetary
- policy
- program
- action
- political/executive support
- service provision at community level

Aboriginal and Islander Vital Statistics
- births
- deaths
- morbidity
- maternal/perinatal collections
- hospitalisation - separations

Cultural and Social Wellbeing
- cultural integrity
- attitude to health
- end well being
- racism.

With regard to environmental conditions the Working Party recommends that:
the Commonwealth Minister for Aboriginal Affairs appoint a technical/community advisory group representative of Aboriginal interests and appropriate technical expertise to provide, by October 1989 such standards. The Office of Aboriginal Health should chair this Advisory Group.

With regard to health systems infrastructure the Working Party recommends:

- a specific research project be established to undertake this task with a management committee drawn primarily from Aboriginal health services. This complex task, if commenced by April 1989 could nevertheless be completed by September 1989, thus allowing sufficient lead time for its negotiated incorporation in the 1990/91 financial year.