

Appendix B

Joint Ministerial Forum Of Ministers For Aboriginal Affairs And Health

National Aboriginal Health Strategy Resolutions

Brisbane, 10 June 1990

The Ministers agreed to -

1. The establishment of the Council for Aboriginal Health to:
 - review progress towards the implementation of the National Aboriginal Health Strategy, including reports from the various Commonwealth / State / Territory Government and Aboriginal and Torres Strait Islander community organisations involved in health;
 - recommend any necessary changes to the Strategy paying specific attention to intersectoral collaboration;
 - develop appropriate short-term and medium term strategies which will reduce the high morbidity and mortality rates of Aboriginal and Torres Strait Islander people, for implementation by Aboriginal or Torres Strait Islander community controlled health services, public health services and other services having an impact on Aboriginal or Torres Strait Islander health;
 - advise on the ongoing development of Aboriginal health policy and strategies;
 - continue the process of setting goals and achievable, measurable targets in relation to specific Aboriginal and Torres Strait Islander health problems;
 - review, in conjunction with State/Territory tripartite forums, the effectiveness of health services provided to Aboriginal or Torres Strait Islander people;

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- monitor and evaluate the development of the appropriate guidelines on research and statistics collection procedures in consultation with community controlled health organisations and relevant professional, government and academic bodies;
 - have responsibility for monitoring and evaluating the development of a national database of Aboriginal health statistics;
 - liaise with other national health initiatives, such as the Better Health Program, the National Women's Health Program and the National Campaign Against Drug Abuse.
2. Establish or modify existing arrangements within each State/Territory to form a tripartite forum to:
- formalise the partnership between the Aboriginal and Torres Strait Islander communities, State/Territory and Commonwealth government on Aboriginal or Torres Strait Islander health;
 - complement the activities of the Council of Aboriginal Health at State / Territory level, giving specific attention to intersectoral collaboration;
 - provide program and policy advice to State/Territory governments on matters having an impact on Aboriginal and/or Torres Strait Islander health;
 - develop appropriate short and medium term strategies which will reduce the high morbidity and mortality rates of Aboriginal or Torres Strait Islander people, for implementation by Aboriginal or Torres Strait Islander community controlled health services and other services having an impact on Aboriginal or Torres Strait Islander health.
3. Endorse the need for a specialised health branch within ATSIC (Office of Aboriginal Health) with an appropriate level of staffing that includes health expertise to provide the secretariat to the Council of Aboriginal Health and have policy formulating, program administration, monitoring and evaluation responsibility at Commonwealth level; and note that this is a matter for determination by ATSIC Commissioners.
4. Note that there is recognition of the need for the existence of a national Aboriginal community controlled health body and to refer this to ATSIC Commissioners for consideration.
5. Note that provision should be made for increasing resources to, and upgrading facilities of, existing fully Commonwealth funded community controlled health services, where needs have been established; and that the allocation of resources be determined in consultation with State/Territory Tripartite Forums.

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6. (a) Note that a high priority is to be given to public health to bring the Aboriginal and Torres Strait Islander communities to a standard comparable to the general Australian community for the provision of basic services such as housing, clean water and safe waste disposal, roads, power and communications and that appropriate resources be provided to a public health program to match that commitment.
 - (b) Note that the estimated cost of addressing public health issues is \$2.5 billion.
 - (c) Commencement of tripartite negotiations on funding mechanisms to implement a public health program.
 - (d) Note that negotiations will be based on the findings of the Joint Assessment of Community Essential Services and Infrastructure Needs and that a high priority is given to public health initiatives which contributes to the coordinated and systematic reduction of environmental health risks and causative factors.
 - (e) Note that tripartite negotiations may need to include representatives of local governments.
7. Note and refer to the State/Territory tripartite forums for action and also report back on the progress, within 12 months, the following:
 - (a) "That the States and Territories, as a matter of urgency expand, and where necessary introduce, Aboriginal or Torres Strait Islander hospital liaison officers in areas where Aboriginal or Torres Strait Islander utilisation of services is high, or where there is a specific need in an Aboriginal or Torres Strait Islander community, and that the liaison staff be provided with adequate resources to fulfil their tasks effectively."
 - (b) "That each State/Territory adopt as a policy that hospitals in communities servicing a significant Aboriginal or Torres Strait Islander community aim to have at least two Aboriginal or Torres Strait Islander community representatives on the Hospital Board of Management."
 - (c) "That States and Territories review the provision of specialist services to ensure that Aboriginal and Torres Strait Islander communicates have access to appropriate specialist services where necessary."
 - (d) "That State/Territory governments require, or negotiate with, their mainstream agencies to develop appropriate procedural protocols to be followed in the course of those agencies' interactions with Aboriginal and Torres Strait Islander people; and that model procedural protocols be developed and circulated by State/Territory governments as a matter of urgency."

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- (e) "That rationalisation of the health services provided to the Torres Strait region occur as a matter of urgency."
- (f) "That State and Territory substance abuse services give priority to in-service staff retraining courses which include content relevant to working with Aboriginal and Torres Strait Islander people, to be available to both government and non-government substance abuse workers."
- (g) "Appropriate resources to be provided in each State and Territory for the establishment or development of Link Up Services or other similar services which undertake to re-unite Aboriginal families."
- (h) "That ATSIC, the States and Territory governments and community representatives examine alternative models for the provision of psychiatric services to the Aboriginal and Torres Strait Islander communities."
- (i) "That discussion, which includes the Commonwealth, Department of Employment, Education and Training continue in the national and State/Territory tripartite forums to address the education and training recommendations in the National Aboriginal Health Strategy Working Party report."

Refer to the Council for Aboriginal Health for action:

"That consideration be given to establishing a National Aboriginal Abuse Taskforce to address substance abuse in Aboriginal and Torres Strait Islander communities as recommended by the interim report of the Royal Commission into Aboriginal Deaths in Custody. This consideration to be undertaken by the Council for Aboriginal Health after examination of the report currently being compiled by Commissioner P Dodson of the Royal Commission."

8. Immediately implement the following:

"That the National Campaign Against Drug Abuse (NCADA) give priority to funding Aboriginal and Torres Strait Islander community-controlled substances abuse education and preventative projects."

"That each State and Territory government nominate a senior person in that relevant Department to be responsible for implementation of the recommendation of the 1985 National Task Force on Aboriginal Health Statistics."

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"That an appropriate level of resources be made available to the Australian Institute of Health to enable comprehensive Aboriginal and Torres Strait Islander health statistics data collection, analysis and reporting."

"That the NH&MRC give priority to funding Aboriginal and Torres Strait Islander community controlled health research projects."

Note and refer to the Council for Aboriginal Health the recommendation of the National Health and Medical Research Council, which is:

"NH&MRC recommends the establishment of a Steering Committee in Aboriginal Health Research comprised of approximately four NH&MRC nominees and a similar number of nominees of the Aboriginal Health Council. The Steering Committee be convened by NH&MRC."

Its function to be:

- maintain ongoing review of priorities in Aboriginal Health Research;
- assist in the dissemination of results of research in priority areas;
- conduct jointly with the Public Health Research Development Committee (PHRDC) of NH&MRC. A workshop on research skills for Aboriginal Health Workers and other Health Professionals working in Aboriginal Health Services;
- produce training in research skills and professional enrichment for Aboriginal Health Workers in consultation with the Department of Aboriginal Affairs and the Department of Education, Employment and Training;
- evaluate the achievements of the strategy used by NH&MRC to date of nominating Aboriginal Health Research as a priority;
- commission specific research proposals and earmark a sum of money for Aboriginal Health Research;
- advice on means of obtaining greater involvement of Aboriginal community representatives in assisting research applications.