

The Secretary
National Health and Hospitals
Reform Commission
PO Box 685
Woden ACT 2606

Submission to the National Health and Hospitals Reform Commission

The Australian Indigenous Doctors' Association (AIDA) welcomes the establishment of the National Health and Hospitals Reform Commission (NHHRC) and notes that one of the twelve challenges set for the Commission is to close the gap in Indigenous health status. The improvement in the status of the health of Aboriginal and Torres Strait Islander people is the most pressing challenge for health reform in Australia.

AIDA is a not-for-profit, non-government organisation dedicated to the pursuit of leadership, partnership and scholarship in Aboriginal and Torres Strait Islander health, education and workforce. Currently there are approximately 125 Indigenous medical graduates and a similar number of Indigenous medical students in Australia.

AIDA is represented on over 30 government and non-government health, education and workforce groups, including the National Aboriginal and Torres Strait Islander Health Council, the Aboriginal and Torres Strait Islander Health Workforce Working Group and the Australian Medical Association (AMA) Taskforce on Indigenous Health.

We work closely with Medical Deans Australia and New Zealand, the Committee of Presidents of Medical Colleges and the Australian Medical Council to ensure that the medical education and training system is inclusive of Indigenous health content, is culturally appropriate and recruits, supports and graduates Aboriginal and Torres Strait Islander people into medicine.

As Indigenous medical practitioners, we offer a combination of both clinical and cultural competence and expertise, and therefore have a unique and central role in advocating for, and improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. We are keen to ensure that the needs of Indigenous communities and their respective health needs are articulated, protected, advocated for and respected.

Indigenous Health in Australia

AIDA endorses the Aboriginal concept of health, which is:

“Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.”ⁱ

and fully supports any reorientation of the Australian health system that recognises the holistic nature of health.

Social and emotional wellbeing is an integral part of Aboriginal and Torres Strait Islander peoples' health. It should be understood within the holistic concept of health and not seen as an issue separate from physical health. Issues of social and emotional wellbeing cover a broad range of problems which can result from unresolved grief and loss, trauma and abuse, inter-generational trauma, domestic violence, issues associated with the legislated removal of children, incarceration, family breakdown, cultural dislocation, mental illness, racism, discrimination and social disadvantageⁱⁱ. These issues sit within an historical and social context, and have implications for poor physical health.

Aboriginal and Torres Strait Islander people have historically advocated for a holistic approach to health care. Holistic health care means that treatment does not just focus on the disease, but that the disease is treated within the context of a person's individual health and wellbeing, and that of family and community. It is necessary for the entire health workforce to be culturally competent and knowledgeable and skillful with respect to Aboriginal and Torres Strait Islander people and their health. Aboriginal and Torres Strait Islander people are more likely to access, and will experience better outcomes from, services that are respectful and culturally safe places for Aboriginal and Torres Strait Islander people.

AIDA believes that if there is to be a more comprehensive and holistic approach to health, (as referred to in the Commission's draft principles), that the role of healing must be recognised for Aboriginal and Torres Strait Islander people. Healing can happen in a range of different ways for individuals, families and communities. A range of practices and programs occur outside of the direct responsibility of the health sector, such as family reunion services, art and cultural activities, memorial and ceremonial practices may all contribute to healing. The Prime Minister's Apology early in 2008 Australians was an important and key step towards healing for Indigenous Australians.

The poor status of Aboriginal and Torres Strait Islander health and the 17-year life expectancy gap is well documented. The burden of disease experienced by Indigenous Australians is estimated to be two and a half times greater than the burden of disease in the wider Australian population. Aboriginal and Torres Strait Islander people experience higher death rates than non-Indigenous Australians across all age groups, from all major causes of death.ⁱⁱⁱ This - in a nation which in general, has one of the healthiest populations of any developed country and which has access to a world-class health system - is unacceptable.

The 2008 AIHW Report *Australia's Health 2008*^{iv} reports that the top five causes of Indigenous deaths were (i) diseases of the circulatory system, (2) external causes of morbidity and mortality (mainly accidents, intentional self-harm and assault); (iii) neoplasms (including cancer), (iv) endocrine, nutritional and metabolic diseases (including diabetes) and (v) diseases of the respiratory system. Many of these

diseases could be improved (and thus the 17 year gap narrowed) through better access to primary health care, better preventative measures and through more effective transition between levels of care for Aboriginal and Torres Strait Islander people.

We are now at a critical point in time in our commitment to Close the Gap in the health status and life expectancy of Aboriginal and Torres Strait Islander Australians. A number of significant developments have occurred over recent times in relation to Indigenous health, and we draw these developments to the attention of the NHHRC.

They are outlined as follows:

November 2005	Social Justice report published by the Aboriginal and Torres Strait Islander Social Justice Commissioner
December 2006 Open Letter Published	Open Letter to (then) Prime Minister Howard, State Premiers and Territory Chief Ministers, parliamentarians and Australian public calling for an end to Indigenous health inequality is published in <i>The Australian</i> ^v .
4 April 2007 Close the Gap Launch	Launch of the campaign to 'Close the Gap' on health inequality ^{vi} .
20 December 2007 COAG Meeting in Adelaide	All governments of Australia commit to Close the Gap on Indigenous disadvantage and in particular to: <ul style="list-style-type: none"> ▪ <i>close the life expectancy gap within a generation;</i> ▪ <i>halve the gap in mortality rates for Indigenous children under five within a decade; and</i> ▪ <i>halve the gap in reading, writing and numeracy achievements within a decade in a partnership between all levels of government and with Indigenous communities.</i> <p><i>The pathway to closing the gap is inextricably linked to economic development and improved education outcomes.</i>^{vii}</p>
13 February 2008 The Apology	Prime Minister Rudd on behalf of the Australian Parliament delivers the Apology to Indigenous Australians.
18 – 19 March 2008 National Indigenous Health Equality Summit	The Summit, held in Canberra, brings together leading experts in Aboriginal and Torres Strait Islander health from the government, non government and community controlled sectors to develop a set of targets. This

	work will assist the Australian Government and COAG on their agenda to set concrete targets against their commitments.
20 March 2008 National Indigenous Health Equality Summit <i>Statement of Intent</i>	At the culmination of the Summit, Prime Minister Rudd, Health Minister Roxon, Indigenous Affairs Minister Macklin co- sign the National Indigenous Health Equality Summit <i>Statement of Intent</i> ^{viii} with Indigenous health peak bodies – the National Aboriginal Community Controlled Health Organisation, Congress of Aboriginal and Torres Strait Islander Nurses, Australian Indigenous Doctors’ Association, Indigenous Dentists Association of Australia and the Social Justice Commissioner.
20 March 2008 National Health Equality Council	Prime Minister Rudd announces the establishment of a new National Indigenous Health Equality Council, to replace the existing National Aboriginal and Torres Strait Islander Health Council.
5 April 2008 London announcement	Prime Minister Rudd, in a speech at a Progressive Government Conference in London announces that at the commencement of the first sitting of the Australian Parliament each year, a Prime Ministerial report will be tabled outlining progress against the Closing the Gap targets ^{ix}

The outcomes of the National Indigenous Health Equality Summit will be delivered shortly to the Australian Government and COAG. The Summit deliberations will provide governments with a set of specific evidence-based targets for action and investment. AIDA commends this work to the Commission.

AIDA sees these developments as important directions for the National Health and Hospitals Reform Commission in considering the reform of the Australian health system.

Comments against Terms of Reference

We provide the following comment in relation to the Commission’s Terms of Reference.

(a) Reduce inefficiencies generated by cost-shifting, blame-shifting and buck-passing;

AIDA welcomes the commitment of the Council of Australian Governments’ (COAG) at its meeting in December 2007, and looks forward to the outcomes of the Working Group on Indigenous Reform, particularly regarding the identification of duplication and overlap between Commonwealth, States and Territories.

AIDA also welcomes the commitment made by Commonwealth, State and Territory Treasurers^x regarding the importance of measuring the cost-effectiveness of Indigenous programs of not only health, but also education; justice; housing; community services; employment; as a means of informing better policy making in Indigenous affairs. This has promising implications for addressing the social determinants of health, referred to later in this submission.

It is important that all jurisdictions deliver effective services and are fully accountable on outcomes in relation to all services provided for Aboriginal and Torres Strait Islander people.

(b) better integrate and coordinate care across all aspects of the health sector, particularly between primary care and hospital services around key measurable outputs for health;

The 2007 Australian Medical Association (AMA) Report Card on Aboriginal and Torres Strait Islander health addressed the failure by the health system and the financial, geographic, personal and cultural barriers that work against the delivery of an effective health system for Indigenous Australians. In particular, it addresses institutional racism, which 'refers to the ways in which racist beliefs or values have been built into the operations of social institutions in such a way as to discriminate against, control and oppress various minority groups'^{xi}. AIDA urges the NHHRC to seriously consider these matters in its review of the Australian health system.

A seamless transition between primary, secondary and tertiary health care services is essential for Indigenous health. Understanding an Indigenous person's journey from home to tertiary and back again is vital in order to appreciate the crucial points in decision-making and the ways in which future decisions may be actioned to bring about a positive outcome. This is an issue which would benefit from further consultation, policy development and planning.

An adequate primary health care system is a prerequisite for effective hospital and specialist services. As Aboriginal and Torres Strait Islander people experience poorer access to primary health services, this has serious implications for integrated care across the primary, secondary and tertiary care levels.

The differential access to diagnostic and treatment services, including coronary angiography and cancer treatments, needs to be tackled constructively with a view to quality and safety and the role of cultural brokerage. For example, studies have shown that Aboriginal and Torres Strait Islander people have poorer survival for cancer and suffer higher rates of end-stage renal disease. But Aboriginal and Torres Strait Islander patients with cancer and renal failure present later in the course of these illnesses, which may impact on treatment options. Access to non-hospital specialist services for Aboriginal people is known to be well below national averages.^{xii, xiii}

Mental health care is provided through a range of settings such as hospital,

community health service, specialist mental health, drug and alcohol services, GPs, correctional health, and more. Evidence indicates however, that Indigenous Australians find accessing mainstream services difficult, and in some cases, traumatic. This is in part due to past associations with removal of children, or with discriminatory treatment. Consequently, many Aboriginal and Torres Strait Islander people may delay seeking help for mental health problems until a crisis occurs.^{xiv}

There is much work to be done around better co-ordinated care for Aboriginal people's transition between levels of care. Improvements in access to primary care would enable better screening opportunities, improve early detection rates and improve treatment for patients suffering chronic disease.

Studies indicate also that while Aboriginal and Torres Strait Islander peoples are more likely to be hospitalized than other Australians, they are less likely to receive a medical or surgical procedure while in hospital.^{xv} The reasons for this are not clear, but some possible factors include communication and language difficulties, institutionalized racism, the presence of co-morbidities, and presentation late in the course of illness.^{xvi}

The role of Aboriginal Health Workers, both community-based and within hospitals is extremely valuable in ensuring a high level of clinical governance and a better experience for Aboriginal and Torres Strait Islander patients and their families.

For Aboriginal and Torres Strait Islander Australians, culturally respectful care is important across all levels of care. Cultural Respect is achieved when the health system is a safe environment for Aboriginal and Torres Strait Islander peoples and where cultural differences are respected. It is a commitment to the principle that the construct and provision of services offered by the Australian health care system do not wittingly compromise the legitimate cultural rights, practices, values and expectations of Aboriginal and Torres Strait Islander peoples. The goal of Cultural Respect is to uphold the rights of Aboriginal and Torres Strait Islander peoples to maintain, protect and develop their culture and achieve equitable health outcomes.^{xvii} If we are to design a better health system for Australia, and for Indigenous health, the matter of cultural respect must be taken as a legitimate consideration.

(c) Bring a greater focus on prevention to the health system;

AIDA welcomes the recent announcement by the Minister for Health and Ageing of the establishment of the National Preventative Health Taskforce and the development of a National Preventative Health Strategy. Evidence indicates that there is much to be gained from preventative health interventions.

The challenge for Indigenous health will be to integrate preventative programs while at the same time addressing an excess of acute and chronic morbidity, including co-morbidities. Aboriginal and Torres Strait Islander primary health care services are often overwhelmed by the curative demand and the sector is chronically under-resourced.^{xviii} It is important therefore that effective preventative programs can be implemented while at the same time the existing burden of disease is addressed.

(d) better integrate acute services and aged care services, and improve the transition between hospital and aged care;

AIDA's immediate aim is to improve the health of Aboriginal and Torres Strait Islander people and to close the life expectancy gap, so that our elders can reach and enjoy their advanced years. However, we do believe that all levels and types of aged care be culturally competent and respectful of the needs of Aboriginal and Torres Strait Islander people.

(e) improve frontline care to better promote healthy lifestyles and prevent and intervene early in chronic illness;

The reform being led by the National Health and Hospitals Reform Commission must take into account health promotion, illness prevention and early intervention strategies for Aboriginal and Torres Strait Islander people. If policy makers are to create a vision for a health system of the future, they must take a holistic and longer term approach, through a 'wellness' prism, via a framework of health promotion, illness prevention and early detection.

AIDA views 'health promotion' as being directly related to the social determinants of health, that is, the 'upstream' factors that influence health and contribute to the wellness of individuals, families, communities and indeed, the nation. It is well known that social determinants have a role in predetermining health – that is, the social, economic, cultural and physical settings must be right. This in turn requires a genuine commitment, partnership and collaboration between sectors such as education, housing, and employment.

It is well known that health is influenced by a range of social, economic and environmental factors as well as individual, physical and biological factors. Health and illness does not exist in a vacuum. It is very closely connected to the provision of adequate housing, clean water and sanitation, proper schooling, having a job; having access to transport and communication. To improve the status of health of Indigenous Australians, and to close the 17-year life expectancy gap, Australian governments must work together to improve outcomes on issues such as education, employment, housing and environmental health.

Social and historical factors such as racism, history, oppression and the ongoing impacts of dispossession also have an influence on the health of Aboriginal and Torres Strait Islander Australians, and can therefore be viewed as social determinants of health. For real and lasting change, the Australian Government and State and Territory Governments must show leadership on these issues. This could be in the form of programs that demonstrate the negative impacts that racism can have on peoples' health, and raise awareness about personal and systemic racism. The

Prime Minister's Apology to Indigenous Australians has been a promising first step in the right direction.

There is a growing recognition that health and health care is, in fact, a cultural construct arising from beliefs about the nature of disease and the human body. As noted earlier, Aboriginal and Torres Strait Islander peoples view their health in a broad holistic sense, which includes consideration of the physical, cultural and spiritual components of their wellbeing. Culture and identity are central to Aboriginal perceptions of health and ill health.^{xix}

AIDA welcomes the Indigenous Tobacco Control Initiative, announced recently by the Minister for Health and Ageing. Smoking is a significant health risk factor that contributes to the leading causes of death (eg cardiovascular disease, diabetes and cancers) for Aboriginal and Torres Strait Islander people. *Australia's Health 2008* reports that 50% of the Indigenous population over 18 years are smokers.^{xx}

Smoking rates could potentially be much improved through effective prevention initiatives that encourage and support smokers to quit successfully. AIDA believes that smoking cessation programs should take into consideration the high levels of stress that many Aboriginal and Torres Strait Islander people live with, and expectations around quitting smoking. A study amongst Aboriginal people in north-east Arnhem Land indicated, amongst other things, that for Yolngu people, mastery over one's actions is negatively related to perceived recent stress, chronic stress and youth stress.^{xxi}

Achieving better outcomes on health (and by implication, better outcomes for education, employment, etc) not only improves the health of the individual, but also the health and wellbeing of families, communities, and Australia as a nation.

Effective health promotion, illness prevention and early intervention are essential if Australia is to reorient its health system from illness to wellness.

(f) improve the provision of health services in rural areas;

Poor access to health care is particularly significant for Indigenous Australians living in remote and rural Australia. Almost 70% of Australia's Aboriginal and Torres Strait Islander people live outside major metropolitan areas, and 25% of the Indigenous population live in remote or very remote areas of Australia (compared with 2% of the non-Indigenous population). This has important implications for access to health services for those Indigenous Australians.

Barriers for Aboriginal people living in remote areas include distance to services, lack of transport, the cost of health care and language and cultural considerations. These factors can result in Indigenous Australians not accessing health care.

It is important to note however that Indigenous Australians experience poor health outcomes, wherever they are living. The major underlying cause of health inequality in Australia is that Aboriginal and Torres Strait Islander peoples, in both remote and

urban centres, do not enjoy equal access to primary health care or the same standard of infrastructure necessary for health (such as safe drinking water, healthy food sources, healthy housing and effective sewerage systems).^{xxii}

AIDA believes that if Indigenous health is to be addressed systematically and effectively, in accordance with the commitments that have been made in relation to the Close the Gap campaign, then the health of all Indigenous Australians wherever they are living, can be improved.

(g) improve Indigenous health outcomes;

The poor health status of Aboriginal and Torres Strait Islander people is an urgent challenge for Australian Governments. This has been acknowledged in commitment to Close the Gap made in recent times, as referred to above.

AIDA recommends to the Commission the objectives that have been outlined in the Statement of Intent, as follows:

- Develop a comprehensive, long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequities
- in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.
- Ensure primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging the gap in health standards by 2018. This includes the development of an effective health workforce – see Term of Reference (h) below
- Ensure the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.
- Work collectively to systematically address the social determinants that impact on achieving health equality for Aboriginal and Torres Strait Islander peoples.
- Build on the evidence base and supporting what works in Aboriginal and Torres Strait Islander health, and relevant international experience.
- Support and develop Aboriginal and Torres Strait Islander community-controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.

- Achieve improved access to, and outcomes from, mainstream services for Aboriginal and Torres Strait Islander peoples.
- Respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable, and of good quality.
- Measure, monitor, and report on our joint efforts, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared ambitions.

AIDA also believes that Indigenous health would benefit from more support for a strengths-based, healing approach, which incorporates kinship care and which builds on the resilience of Aboriginal and Torres Strait Islander people. For example, *Karpa Ngarrattendi* - an Adelaide-based project provides a cultural brokerage function between health professionals and Aboriginal and Torres Strait Islander patients and their families. It recognises patient's familial and kinship relationships, accommodates languages, and acknowledges that the familial unit often has better outcomes for individual patients than working with the patient alone. The program takes a holistic approach by working on a cultural, spiritual, psychological and physical level.^{xxiii}

(h) Provide a well qualified and sustainable health workforce into the future

A well qualified and culturally competent health workforce is essential for ensuring that Australia's health system has the capacity to effectively meet the needs of Aboriginal and Torres Strait Islander people, close the life expectancy gap and improve health outcomes.

It is important that the entire health workforce has a competent level of knowledge and understanding about Indigenous people and their health.

In relation to the medical profession, Australia must strive for a medical system which will:

1. equips all graduates with the necessary knowledge, skills, attributes and cultural understanding to competently practice in Australia, and
2. effectively recruit, support and graduate more Indigenous doctors and specialists. Indigenous doctors bring a special combination of clinical and cultural expertise to Indigenous health issues. The positive effects of Indigenous doctors for Indigenous people's physical, emotional and cultural

wellbeing has long been recognised by governments and other Indigenous and non-Indigenous stakeholders¹.

AIDA believes there are 5 core elements that will make for success in medical education and that these can lead to significant improvements in the health and wellbeing for Indigenous Australians. These are:

1. Commitment to Indigenous health content in all years of undergraduate and postgraduate medical education curricula
2. Commitment to comprehensive, long term, sustainable, well-resourced strategies for the recruitment, retention and graduation of Indigenous medical students by undergraduate and postgraduate training providers
3. National standards, guidelines and best practice for teaching and implementing Indigenous health, history and culture, ensuring cultural safety in Australian undergraduate and postgraduate medical education
4. Effective collaboration between education and health policy makers, and
5. Effective collaboration between education and health program providers to establish educational pathways for Indigenous peoples to undertake training in health disciplines at all ages.

Draft Pathways into the health workforce for Aboriginal and Torres Strait Islander people: A Blueprint for Action

It is also important that Aboriginal and Torres Strait Islander people are trained and recruited into all of the health disciplines.

AIDA recently undertook some work, on behalf of the National Aboriginal and Torres Strait Islander Health Council to develop a draft paper *Pathways into the health workforce for Aboriginal and Torres Strait Islander people: A Blueprint for Action* regarding the development of an Aboriginal and Torres Strait Islander health workforce. That paper analyses the issues which could contribute to the reform of an Indigenous health workforce, including:

- student needs (including improving maths and science literacy);
- development of culturally safe learning environments;
- enabling pathways (eg from secondary school to vocational education and training, secondary to university; transitions between vocational, university and workplace, etc.)
- health and education funding models;
- support for professional associations and professional development.

AIDA recommends the paper “*Pathways into the health workforce for Aboriginal and Torres Strait Islander people: A Blueprint for Action*”, dated March 2008, to the Commission.

¹ Standing Committee on Aboriginal and Torres Strait Islander Health. Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework. Canberra: AHMAC, 2002

Recommendations

- that the NHHRC endorse the principles outlined in the Prime Minister’s Statement of Intent (referred to above), and the work being undertaken following the National Indigenous Health Equality Summit, and in particular, the specific evidence-based targets for action and investment;
- all Governments must fully commit to measuring and accounting for all programs that impact on the health of Indigenous Australians;
- that there be consultation with relevant stakeholders to develop policy for co-ordinated care across primary, secondary and tertiary health care services for Indigenous people;
- that all Australian governments work together to ensure a whole-of-government approach to health promotion, by identifying and targeting social determinants of health ;
- that governments support the development of a culturally competent health workforce ; and
- that Governments support the development of an Aboriginal and Torres Strait Islander health workforce (in accordance with the recommendations of the paper “Pathways into the health workforce for Aboriginal and Torres Strait Islander people: A Blueprint for Action”, dated March 2008.

ⁱ National Aboriginal Health Strategy Working Party, 1989

ⁱⁱ National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing (2004-2009)

ⁱⁱⁱ Australian Bureau of Statistics, Australian Institute of Health and Welfare: Health and Welfare of Australians Aboriginal and Torres Strait Islander Peoples: 4704.0 – 2008, p 151

^{iv} Australian Government, Australian Institute of Health and Welfare *Australia’s Health 2008*

^v Open Letter – The Australian, December 2006

^{vi} Close the gap launch

^{vii} COAG Communiqué

^{viii} Statement of Intent – Indigenous Health Equality Summit, March 2008

^{ix} London announcement – reported in the press

^x Council of Australian Governments (COAG) Communiqué - Ministerial Council Meeting Brisbane, Monday 14 January 2008

^{xi} McConnachie K, Hollingsworth D, Pettman J. *Race and racism in Australia*. Sydney: Social Science Press 1988, quoted in Australian Medical Association Report Card Series 2007 – Aboriginal and Torres Strait Islander Health *Institutionalised Inequity Not Just a matter of Money*

^{xii} Australian Government Department of Health and Ageing – Aboriginal and Torres Strait Islander Health Performance Framework 2006 Report, p 140

^{xiii} Coory M, Green A, Stirling J and Valery P, Survival of Indigenous and non-Indigenous Queenslanders after a diagnosis of lung cancer: a matched cohort study – Medical Journal of Australia : Volume 188 Number 10: 19 May 2008, pp 562-566

-
- ^{xiv} Ways Forward - National Aboriginal and Torres Strait Islander Mental Health Policy National Consultancy Report, Swan P and Raphael B, 1995, and National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (2004-2009)
- ^{xv} Cunningham J 2002, Diagnostic and Therapeutic Procedures among Australian Hospital Patients Identified as Indigenous, *Medical Journal of Australia*, 17(2): 25-62, quoted in Australian Government Department of Health and Ageing – Aboriginal and Torres Strait Islander Health Performance Framework 2006 Report, p 140
- ^{xvi} Australian Bureau of Statistics, Australian Institute of Health and Welfare: Health and Welfare of Australians Aboriginal and Torres Strait Islander Peoples: 4704.0 - 2008
- ^{xvii} Cultural Respect Framework for Aboriginal and Torres Strait Islander Health – 2004-2009, prepared by the Australian Health Ministers' Advisory Council's Standing Committee on Aboriginal and Torres Strait Islander Health Working Party (Comprising the Northern Territory, Queensland and South Australia) Published by the Department of Health South Australia
- ^{xix} Aboriginal Primary Health Care – An Evidence-based Approach, 2nd Edition – Sophia Couzos and Richard Murray, p 150
- ^{xx} Australian Government, Australian Institute of Health and Welfare *Australia's Health 2008*, p 79
- ^{xxi} Mastery, perceived stress and health-related behaviour in northeast Arnhem Land: a cross-sectional study Mark Daniel, Alex Brown, J Garrngulkpuy Dhurrkay, Margaret D Cargo⁴ and Kerin O'Dea⁵, *International Journal for Equity in Health*, 2006 5:10, <http://www.equityhealthj.com/content/5/1/10>
- ^{xxii} Speech - Social Justice Commissioner Tom Calma, Indigenous rights watchdog challenges governments to commit to health equality within a generation, 16 February 2006
- ^{xxiii} Presentation to the Pacific Region Indigenous Doctors Conference, Hawaii, by Ms Lainey Mackean, June 2008