

Aboriginal and Torres Strait Islander

Health Policy

1994

Note: This document is still current

Foreword

There is no doubt that the general poor health of Queensland's Aboriginal and Torres Strait Islander people has been perpetuated by their alienation from decisions about appropriate health care.

Aboriginal and Torres Strait Islander people have far poorer health status than non-indigenous Australians. Over the past 15 years, for example, there has been a widening of the gap between Aboriginal and non-Aboriginal populations in terms of adult mortality.

It would have been shameful to allow that situation to go on.

In developing the Aboriginal and Torres Strait Islander Health Policy, we have gone back to where we as a society should have gone years before: to the Aboriginal and Torres Strait Islander people themselves.

They were given the enormous task of leading the development of this policy and in an often difficult consultation process that took many months, they have come up with a health policy that is theirs, one that reflects their needs.

A set of Aboriginal and Torres Strait Islander Community Principles was developed during the long consultation process and it is this set of principles which will guide the goals and strategies to improved indigenous health throughout Queensland.

The Policy places an emphasis on primary health care - in other words let's tackle the causes of poor health rather than just treat people once they are ill. This is consistent with the new direction being taken by Queensland Health. The policy will usher in a more holistic approach — that is we will look at all the causes of ill health including housing, nutrition and water related infrastructure. To this end the Policy emphasises the importance of an across government approach to improving the health of indigenous people.

Queensland Health has already undertaken several initiatives to improve health care delivery in Aboriginal and Torres Strait Islander communities. However, more needs to be done. This policy is an essential step in improving the health of Aboriginal and Torres Strait Islander people as it provides key directions for further action to address the health needs of Aboriginal and Torres Strait Islander peoples.

I look forward to continued collaboration with indigenous people in implementing this policy.

Ken Hayward MLA
MINISTER FOR HEALTH

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1 Executive Summary

Queensland Health has identified the health of Aboriginal and Torres Strait Islander people as its number one health priority. This is because of the major inequalities in health status between Aboriginal and Torres Strait Islander people and non-indigenous people in Queensland.

The Queensland Government is committed to improving the health status of Aboriginal and Torres Strait Islander people and at the Joint Ministerial Forum in July 1990, signed an agreement committing itself to the National Aboriginal Health Strategy (NAHS) as the framework for better health outcomes.

This Policy builds upon the NAHS by providing clear direction for the implementation of health services for Aboriginal and Torres Strait Islander people throughout Queensland. The Policy was developed through a process involving considerable consultation with the people, including a workshop where a range of community principles was established to guide the Policy.

These community principles are reproduced here to ensure ownership, commitment and adoption of the Policy by Aboriginal and Torres Strait Islander people.

The Policy identifies seven key areas for future action to improve the health of indigenous people:

- Community control of primary health care services;
- Participation;
- Culturally appropriate service provision;
- Needs based criteria for service provision and resource allocation;
- Workforce planning and development;
- Information, monitoring and evaluation;
- Across government approach.

Goals for each area are identified within the Policy.

A consultative and participative process is to be undertaken to develop plans and strategies at State, regional and local levels to achieve the goals identified in the Policy.

2 Purpose

Aboriginal and Torres Strait Islander peoples have the worst health status of any identifiable group within Queensland. The Queensland Government is committed to improving this situation through a fundamental shift in approach to indigenous peoples' issues towards the practical implementation of the policy of self-determination and community empowerment through a range of initiatives to be implemented over the next five years.

The National Aboriginal Health Strategy (NAHS) has provided a framework for working towards better health outcomes for Aboriginal and Torres Strait Islander people. It is now necessary to establish a program for action which builds upon these initiatives, and takes into account features unique to the Queensland situation. These features include the revised structure for health administration in Queensland and endorsed health policy directions such as the Primary Health Care Policy, Planning for Better Health Services, the Queensland Government Women's Health Policy, Mental Health Services in Queensland 1993, Policy on Childhood Immunisation in Queensland, and the Queensland Drug Strategy: Major Policy Directions 1993-1997. Queensland Health's Corporate Plan identifies the health of Aborigines and Torres Strait Islanders as its first priority.

It is acknowledged that Aboriginal and Torres Strait Islander health is a complex issue and is impacted upon by a wide variety of structural, environmental, economic, social, and biological factors, such as housing availability and standards, water supply, employment, education, and the experience of racism.

The National Aboriginal Health Strategy Working Party adopted the following definition of health for indigenous people:

"(Health does) not just mean the physical well-being of the individual but refers to the social, emotional, spiritual and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Health services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities."¹

The philosophy of Aboriginal and Torres Strait Islander health is embodied in the key community principles that are represented in the Policy. The principles are an integral part of ensuring ownership and commitment, thereby bringing about change in the health status of Aboriginal and Torres Strait Islander peoples.

3 Policy Aim

The Queensland Government has adopted the following aim for Aboriginal and Torres Strait Islander health in Queensland:

To improve Aboriginal and Torres Strait Islander health so that the differences in health status between Aboriginal and Torres Strait Islander people and the rest of the Queensland population are eliminated.

4 Background

Although there have been substantial declines in the death rates for all Australian males and females over the past 20 years, similar improvements have not been experienced by Australia's indigenous people².

Respiratory diseases, diabetes, hypertension, injuries and heart disease are the major causes of excess death among Aboriginal and Torres Strait Islander adults. Lack of basic amenities such as adequate housing, water supply and sewerage as well as the lack of appropriate health services are major contributing factors to the poor health status of Aboriginal and Torres Strait Islander people.

The proportion of Aboriginal and Torres Strait Islander people who experience chronic illnesses and injuries is markedly higher than those of Queensland's non-indigenous population³.

Indigenous infants and children are likely to experience poor rates of growth. These rates have been linked to malnourishment and poverty⁴.

While information about mental health in Aboriginal and Torres Strait Islander people is inadequate, the work of the Royal Commission into Aboriginal Deaths in Custody suggests that mental health is a significant area of concern. Alcohol and other substance abuse has been recognised as a major health issue for some indigenous people⁵.

In 1992/3 Aboriginal and Torres Strait Islander people were admitted to hospital at a rate at least three times that of non-Aboriginal and non-Torres Strait Islander people⁶. This may be attributed to a number of factors including the nature of the illnesses, lack of access to appropriate services, delay in seeking treatment and the lack of follow-up and support to manage the illness or necessary treatment.

The failure to decrease the death rates of Aboriginal and Torres Strait Islander adults in the last 15 years is unique in the world. The World Bank has reported that the mortality rates of adults throughout the world have declined dramatically since 1950⁷. This decline has not occurred in the Aboriginal and Torres Strait Islander population in Australia. The lack of progress is also in marked contrast to the improvements in the health of indigenous people in North America and New Zealand⁸.

Part of this improvement is attributed to the introduction of an holistic approach to health practices that have been developed and trialed by the World Health Organisation in its endeavour to produce a level of primary health care that would address the fundamental determinants of ill health

common to those experienced by Aboriginal and Torres Strait Islander people.

5 Report of Consultation

Following Cabinet endorsement the Background Issues Paper — Towards a Queensland Aboriginal and Torres Strait Islander Health Policy, was disseminated throughout Queensland in February, 1993 to key stakeholders in the community and government sectors. Responses were invited by way of participation in community consultations and/or by written submission.

Opportunities to comment on an early draft of the Policy were offered to all State Government Departments with an interest in, or responsibility for Aboriginal and Torres Strait Islander health and the Queensland Office of the Aboriginal and Torres Strait Islander Commission (ATSIC).

During 1993 public consultations were held in 14 centres across the State and were attended by 50 Aboriginal and Torres Strait Islander community organisations, health providers and representatives of Regional Health Authorities. In all 250 people attended public consultations. A workshop was also held to inform Aboriginal and Torres Strait Islander people of the development of the Queensland Government Aboriginal and Torres Strait Islander Health Policy and to identify their specific health needs.

Based on the comments derived from public consultations the paper "Working Towards a Queensland Aboriginal and Torres Strait Islander Health Policy" was prepared and circulated widely for comment in April 1994. 900 copies were circulated and generated a number of written submissions. Staff from the Aboriginal and Torres Strait Islander Health Policy Branch visited each Regional Health Authority area and held discussions with local Aboriginal and Torres Strait Islander people in relation to the paper.

Subsequent to this an intensive five day workshop was held in Brisbane in June, 1994 attended by over 150 people. The majority of delegates were Aboriginal and Torres Strait Islander people including elders, representatives from community controlled organisations, Aboriginal Coordinating Council representatives, Islander Coordinating Council representatives, representatives from government agencies including the Aboriginal and Torres Strait Islander Commission (ATSIC), and staff of Queensland Health.

A key direction for change in Aboriginal and Torres Strait Islander health which has emerged from the consultation process, is the extension of appropriate health care services for Aboriginal and Torres Strait Islander people throughout the State. This will be achieved through fostering community control, promotion of primary health care and ensuring continuity of care, improving accountability and accelerating the movement of Queensland Health towards funding of service provision according to need.

The consultation also established a set of Community Principles, which also guided the development of this policy. They are reproduced in the following section exactly as they were articulated in the workshop. The principles do not necessarily represent the views of the Queensland Government.

6 Aboriginal and Torres Strait Islander community principles

The following principles present the views of Aboriginal and Torres Strait Islander people who attended a workshop held in June 1994. These principles were developed by the Aboriginal and Torres Strait Islander people because of their importance to the people's health and well-being.

General principle

- 1.1 That the Queensland Government fully implement the relevant recommendations of the National Aboriginal Health Strategy, Affirmative Action, Royal Commission into Aboriginal Deaths in Custody, and Human Rights Reports that aim to eliminate the vast health differences between Aboriginal and Torres Strait Islanders and other Australians.

Primary Health Care

- 2.1 That this policy reflects the primary health care philosophies that are bi-culturally determined for and by Aboriginal and Torres Strait Islander communities themselves.

Community Control

- 3.1 That Aboriginal and Torres Strait Islander people have the right to self determination as expressed in the United Nations Charter and the International Covenant on Human Rights.

Participation

- 4.1 Aboriginal and Torres Strait Islanders should control and manage primary health care services for their own communities. For secondary and tertiary health care Aboriginal and Torres Strait Islanders are the principal partners with Queensland Health to ensure informed decisions are made about their own health and health care delivery.
- 4.2 That Aboriginal and Torres Strait Islander health personnel must have the opportunity to play a major role in the design, development, implementation and evaluation of health care services which affect their communities.

Culturally appropriate health service provision

- 5.1 That the health system provides culturally appropriate and relevant health services to Aboriginal and Torres Strait Islander people with special consideration to be given to individual communities (urban, remote, rural and isolated).

Needs based criteria for service provision and resource allocation

- 6.1 That Aboriginal and Torres Strait Islanders have a right to equitable access to the full range of health services regardless of geographical and/or social isolation and/or socio-economic status.
- 6.2 In partnership with Aboriginal and Torres Strait Islander communities, Queensland Health plan and distribute their health funds and resources for Aboriginal and Torres Strait Islander communities on needs based criteria.
- 6.3 That the over-riding priority for program management and resource allocation is firstly aimed at eliminating health inequalities.

Workforce issues

- 7.1 That Aboriginal and Torres Strait Islander health employees be recognised by communities and the health system for their knowledge, experience and understanding of the health needs of Aboriginal and Torres Strait Islander people.
- 7.2 That Queensland Health develop an employment strategy to ensure that Aboriginal and Torres Strait Islander employees have equal conditions of employment and career path options throughout Queensland Health.
- 7.3 That Aboriginal and Torres Strait Islander people have equitable access to education and training opportunities for health occupations which reflects the health needs of Aboriginal and Torres Strait Islander people.

Information, monitoring and evaluation

- 8.1 That the Queensland Government recognises and accepts the recommendations of the National Aboriginal Health Strategy regarding the collection and distribution of Aboriginal and Torres Strait Islander health data.
- 8.2 That Aboriginal and Torres Strait Islander communities own and control all health information and data relating to their communities.
- 8.3 That the National Health and Medical Research Council guidelines on research in Aboriginal and Torres Strait Islander communities be followed and monitored by Queensland Health.
- 8.4 That, where requested by communities, health information on communities be provided in a culturally appropriate way.
- 8.5 That mechanisms be put in place to provide the opportunity for Aboriginal and Torres Strait Islander identity to be recorded on birth and death certificates and on hospital and community health information systems to ensure the availability of accurate information on Aboriginal and Torres Strait Islander health needs.

Across Government Approach

9.1 The Queensland Government is committed to a whole of government approach to address Aboriginal and Torres Strait Islander health problems and the development of health programs.

7 Key directions and goals 1995/2000

The key directions of this policy focus on the following areas for development and action:-

- Community control of primary health care services;
- Participation;
- Culturally appropriate service provision;
- Needs based criteria for service provision and resource allocation;
- Workforce planning and development;
- Information, monitoring and evaluation; and
- Across government approach to the provision of key social and infrastructure services to the Aboriginal and Torres Strait Islander population.

Goals for action have been developed around these key directions. These goals reflect the needs, principles and strategies identified through consultations and also incorporate the directions of major National and State policies relating to Aboriginal and Torres Strait Islander health issues.

Community control of primary health care services

Primary health care is an approach to health care which has worked around the world in addressing the health concerns of the kind experienced by Aboriginal and Torres Strait Islander peoples.

In order to achieve the necessary improvement in Aboriginal and Torres Strait Islander health, Aboriginal and Torres Strait Islander people must control their own destiny and exercise responsibility for decision making for health. In the area of health, this has seen the development of Aboriginal health services which function in accordance with the principles of community participation and control, and which operate in conjunction with mainstream services. This means that primary health care services are controlled by Aboriginal and Torres Strait Islander communities, and are therefore better able to make sure that they are provided in the form, structures, settings and languages with which the local Aboriginal and Torres Strait Islander community identifies.

Community control refers to decision making structures and administrative procedures, and includes among other things the development of service agreements which detail the rights and responsibilities of each of the parties including asset ownership and maintenance.

In order to achieve this level of participation and self-determination it is necessary to provide resources to empower Aboriginal and Torres Strait Islander communities to make decisions regarding the efficient management and effective delivery of primary health care services targeting specific community needs.

Goals

- To empower Aboriginal and Torres Strait Islander people to determine their own primary health care priorities.
- To empower Aboriginal and Torres Strait Islander people to develop and manage their own health services.
- To extend the existing network of community controlled primary health care services to provide access to primary health care for the Aboriginal and Torres Strait Islander population throughout the state.

Participation

Aboriginal and Torres Strait Islander people use public health services and programs which have not been established to meet their specific needs. Participation by Aboriginal and Torres Strait Islander people and communities in the development of policy and in the planning, delivery, management and evaluation of health programs and services is necessary to enable these programs and services to respond effectively to the needs of Aboriginal and Torres Strait Islander peoples.

Goals

- To raise Aboriginal and Torres Strait Islander communities' awareness of existing health agencies and forums and how best to utilise them.
- To ensure the Minister for Health is aware of the views of the Aboriginal and Torres Strait Islander communities in the development and implementation of policy, programs and services.
- To ensure participation by Aboriginal and Torres Strait Islander people in regional and central decision making processes within Queensland Health.
- To develop mechanisms for community involvement in the selection of health staff serving predominantly Aboriginal and Torres Strait Islander communities, or where the position is identified as working with Aboriginal and Torres Strait Islander people.
- To increase the level of Aboriginal and Torres Strait Islander input into planning and development of mainstream health services, in particular hospital and specialist services.

Culturally appropriate health service provision

Culturally appropriate health service provision requires health services to be provided in forms, structures, settings and languages with which the local Aboriginal and Torres Strait Islander communities can identify and which they will utilise. The cultural protocols, needs and requirements of Aboriginal and Torres Strait Islander people will vary depending on issues such as language, gender, and kinship systems. It is essential that the specific needs of the community being served are taken into account in the development of services.

It is also critical that the understanding of the philosophies and principles of primary health care are clarified and that cross cultural differences are taken into account and appreciated.

Goals

- To ensure that the public health system responds to the health needs of Aboriginal and Torres Strait Islander people in a culturally appropriate way, through the development and application of specific policies, programs and protocols.
- To increase the awareness of Queensland Health staff about Aboriginal and Torres Strait Islander cultures and communities, and the implications of these for the planning and delivery of health services.
- To raise the awareness of Aboriginal and Torres Strait Islander people about their health rights, and the roles and functions of the Health Rights Commission and other available avenues for addressing complaints.
- To recognise the role of traditional healing and its importance to Aboriginal and Torres Strait Islander communities where it is culturally accepted and requested.

Needs based criteria for service provision and resource allocation

An over-riding priority is to eliminate health inequalities between Aboriginal and Torres Strait Islander people and the non-Aboriginal or Torres Strait Islander population. A key direction in achieving this is to ensure that the distribution of health funds for Aboriginal and Torres Strait Islander people is allocated on needs based criteria. Consistent with working towards self-determination, and participation in health decision making, these needs and the criteria to establish them must be determined in cooperation with Queensland Health, its Regional Health Authorities and Aboriginal and Torres Strait Islander communities.

The Resource Allocation Formula which determines the direction for allocation of global funds to Regional Health Authorities provides a positive adjustment for the proportion of Aboriginal and Torres Strait Islander people living in a particular region. Funding is allocated according to the health needs of populations, as indicated by mortality and morbidity ratios.

Goals

- To extend the network of health care services for Aboriginal and Torres Strait Islander people throughout the state.
- To develop service delivery models and best practice standards for the provision of health care for Aboriginal and Torres Strait Islander people.
- To increase accessibility of Aboriginal and Torres Strait Islander people to health services through the development of transport strategies within the health sector.
- To develop and implement processes by which the needs of Aboriginal and Torres Strait Islander communities can be determined, priorities agreed, and appropriate action taken by stakeholders at the Regional level.
- To ensure the implementation of effective health services for the main health issues affecting Aboriginal and Torres Strait Islander people.
- To ensure that expenditure by Regional Health Authorities on Aboriginal and Torres Strait Islander health services is in proportion to the burden of illness and demand for services.

Workforce planning and development

Increasing employment and training of Aboriginal and Torres Strait Islander people in Queensland Health is necessary to improve the standard of Aboriginal and Torres Strait Islander health. The skills, knowledge, experience and understanding of the health needs of indigenous people which Aboriginal and Torres Strait Islander health workers bring to the health system need to be acknowledged and applied to health decision making. Opportunities for these workers to play a role in the design, development, implementation and evaluation of health care services affecting Aboriginal and Torres Strait Islander communities should be developed. Proper implementation of this policy is dependent upon the development of a skilled workforce and the implementation of a comprehensive training strategy.

The development of an Aboriginal and Torres Strait Islander employment strategy will facilitate better health outcomes for Aboriginal and Torres Strait Islander peoples. The strategy will include education and training opportunities in health occupations which reflect the health needs of Aboriginal and Torres Strait Islander people. Real improvement in Aboriginal and Torres Strait Islander health requires a planned approach to education and training so that Aboriginal and Torres Strait Islander people are equitably represented throughout the health system — as medical practitioners, nurses, allied health professionals, health workers, managers and administrators.

Goals

- To develop and implement an Aboriginal and Torres Strait Islander employment strategy in Queensland Health, paying attention to the need to attract and retain Aboriginal and Torres Strait Islander staff, the development of appropriate career structures for Aboriginal and Torres Strait Islander health workers, and the provision of specialist training opportunities, within one year.
- To develop and implement an Aboriginal and Torres Strait Islander training strategy in Queensland Health, paying attention to the need for in-service training and up-graded courses for Health Workers, and the need for comprehensive and short primary health care courses to implement primary health care services.
- To ensure employment of one Aboriginal and Torres Strait Islander Health Worker for every 150 Aboriginal and Torres Strait Islander people in the community.
- To employ Aboriginal and Torres Strait Islander people in Queensland Health to reflect their representation in the local population and their special health requirements.
- To ensure that Aboriginal and Torres Strait Islander people have equitable access to educational and training opportunities in a range of health and administrative disciplines by collaboration with tertiary institutions to increase recruitment, improve support for students, and to ensure graduation of Aboriginal and Torres Strait Islander people from tertiary courses in a range of health disciplines in proportion to their representation in the Queensland population.
- To collaborate with tertiary institutions to establish 3-4 year under-graduate programs in primary health care at four separate localities in Queensland.

Information, monitoring and evaluation

This policy provides direction for the development, implementation and evaluation of programs through monitoring Aboriginal and Torres Strait Islander Health outcomes and through evaluating the effectiveness of health services and programs. An information strategy is required to ensure that sufficient information is collected to: identify needs; plan services; monitor the effectiveness and efficiency of service delivery; and to develop programs to address the needs identified in a comprehensive way.

In developing research, evaluation and monitoring tools and processes due regard should be given to the protocols, ethical guidelines and requirements derived from the National Aboriginal Health Strategy and the National Health and Medical Research Council. An essential element of these protocols is that Aboriginal and Torres Strait Islander communities own and control all health information and data relating to their communities. Similarly where communities request health information it should be provided in a culturally appropriate way.

Goals

- To establish on-going mechanisms to monitor health outcomes, initially through the development of interim State Aboriginal and Torres Strait Islander health goals and targets.
- To review and evaluate expenditure by Regions and outcomes of services annually, according to program management guidelines.
- To enable communities and health service providers to evaluate and monitor health service provision for Aboriginal and Torres Strait Islander people through development and trial of community health information systems, which include measuring the level of community satisfaction.
- To ensure that where communities request health information it is provided in a culturally appropriate manner.
- To ensure ethics committees in all government agencies comply with National Health and Medical Research Council guidelines for health research in Aboriginal and Torres Strait Islander communities.
- To ensure that where Aboriginal and Torres Strait Islander babies are born away from their homeland/traditional country, birth certificates indicate their homeland or traditional country as their place of origin.
- To enable identification of Aboriginality to be included on birth and death certificates.

Across government approach

The effect of poverty, unemployment, poor housing, lack of educational opportunity, inadequate essential service provision, social dysfunction and dislocation caused by culturally inappropriate policies and programs, cost of living, transport, isolation and other socio-economic factors on the health of Aboriginal and Torres Strait Islander people is well recognised. Improving the health of Aboriginal and Torres Strait Islander people requires co-operation between Commonwealth, State and Local Governments and the community to redress inequalities.

Improving infrastructure requires coordinated planning with specific statements of intended action relating to education and training; housing and health infrastructure provision; transport and other aspects of economic and community development which affect health outcomes. The development of performance indicators is an essential step in such a coordinated planning process.

Goals

- To negotiate with the Commonwealth to ensure equitable funding of Aboriginal and Torres Strait Islander health services in Queensland, including general practitioners services, community controlled services, nursing home and hospital services and infrastructure.
- To work collaboratively with other agencies at all levels to co-ordinate, monitor and remedy

environmental health issues, specifically in relation to housing, water supply, sewerage disposal, education, training, employment, economic and community development and other issues.

- To participate in inter-departmental committees established to address Aboriginal and Torres Strait Islander people's issues which effect their health.
- To advocate that all Aboriginal and Torres Strait Islander community water supplies, housing and sanitation comply with relevant guidelines.

8 Conclusion

This policy sets our key directions to guide the development of a plan which will detail strategies to be implemented at State, Regional and local levels. The Implementation Plan will be developed in partnership with Aboriginal and Torres Strait Islander people, Queensland Health's Central Office and Regional Health Authorities and other key stakeholders. This Plan will identify strategies against which the formal evaluation of the policy can be measured.

The policy will be reviewed annually with a major review after five years.

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