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## AHCSA Position Paper

# Value for Money: Investing in Aboriginal Community Controlled Health Organisations

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The Aboriginal Health Council of South Australia (AHCSA) is the peak body for Aboriginal health in South Australia, representing Aboriginal community controlled health organisations (ACCHOs) and Aboriginal Health Advisory Committees (AHACs).

AHCSA believes that ACHHOs are the most effective, efficient, safe and culturally appropriate means of continuing to make inroads into the health disparities between Aboriginal/First Nations peoples and the general population in South Australia.

AHCSA believes that ACCHOs have the infrastructure and networks which provides for a coordinated and integrated primary health care system for Aboriginal people, and are therefore better positioned to offer primary health care services than mainstream services.

The capacity and history of the ACCHO sector should be recognised with maintenance and growth of investment. This paper will show why governments should invest more in Aboriginal community-controlled health services if they want a cost-effective way of “closing the gap”.

And in considering that investment AHCSA identifies four key areas that provide a broad framework for maximising returns. These areas for investment include:

1. Investing in AHCSA as the Peak Body to continue providing leadership
2. Investing in working together in partnership to improve Aboriginal health
3. Investing in ACCHO services: both existing and new ones
4. Investing in building the Workforce

By doing this AHCSA contends that further inroads into improving outcomes for Aboriginal people can be made in cost effective, safe and equitable ways.

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## Acknowledgements

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## AHCSA Members

**AHCSA Members**

**Legend:**

- Aboriginal Community Controlled Health Service
- Aboriginal Health Delivery Communities

**Member Locations:**

- Piyaplaya
- Arcata
- Corvallis
- University of Oregon Health Care System
- Oregon Health Division
- Seattle
- Portland
- Ocala
- Oak Valley Health Service
- Tulare Health Service
- Nanyang Wellbeing Centre
- Put Limboe Aboriginal Health Services
- Pika Wisa Health Service
- Pampala Nanyang Health Service

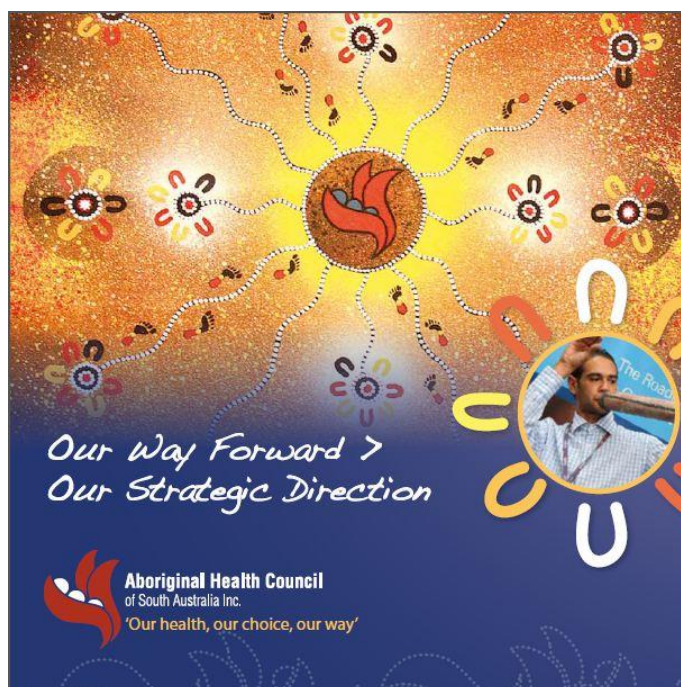
- 12 Aboriginal Community Controlled Health Organisations, and
- 7 Aboriginal Health Advisory Committees (that are

1. Operate as the peak body for Aboriginal health in South Australia.
2. Improve the health outcomes for all Aboriginal people of South Australia, promoting and advancing the communities' commitment to physical, social and emotional wellbeing and quality of life.
3. Build the capacity of members to create a strong and enduring Aboriginal community controlled health sector and contribute to improving the capacity of mainstream health

services to respond appropriately to the health needs of the Aboriginal community within South Australia.

4. Contribute to the development of a well-qualified and trained Aboriginal health sector workforce.

The AHCSA Board provides guidance on how these Objectives are to be addressed through the Strategic Directions, a key document that expands upon the intent of the Objectives and is used to monitor the performance of the organisation.



### **Why investing in ACCHOs is good value**

AHCSA maintains a strong position that Aboriginal Community Control of health service delivery provides better results for Aboriginal people.

The ACCHO sector arose out of the awareness that mainstream health institutions were not meeting the needs of Aboriginal and Torres Strait Islander people and there needed to be community input into how services were provided. There is also an international body of literature, research and policy directions that support the statement that community involvement in health care provides better outcomes, particularly for Indigenous populations.

Self-determination, and the right to be involved in developing and determining programs, have been enshrined at an international level, as evidenced in the United Nations Declaration on the Rights of Indigenous Peoples (2007), to which Australia is a signatory. The UN declaration - in particular Articles 3, 4 and 23 - affirms that involvement in design, planning and implementation of programs that affect indigenous populations is a right that should be afforded to all indigenous populations.

The World Health Organisation (WHO 2008) also recognises that involving groups and communities at the local level is a necessary part of the health care equation and that Community Control addresses inequality:

The mobilization of groups and communities to address what they consider to be their most important health problems and health-related inequalities is a necessary complement to the more technocratic and top-down approach to assessing social inequalities and determining priorities for action.

International experience and research also reinforces the importance of self-determination in achieving positive outcomes. In a body of work undertaken by Harvard University in the US Cornell (2004) determined that:

In a century of U.S. efforts to improve Indian economic and community conditions, Indigenous self-determination is the only policy that has had broad, positive, sustained results.

In Canada, Lovie et al (2005) showed that investment in community controlled health showed that rates of avoidable hospitalisation decreased each year following a “transfer agreement” which transferred control of Indigenous health services from government control to community control, *and* that the length of stay in hospital was lower for residents of community with better control of primary health care.

We would also highlight, given the high rates of youth suicide in recent times in SA, the work by Chandler and Lalonde (1998) suggests that where there is community control of various factors (including health care) in the community there is lower rates of youth suicide.

This international work is reinforced by the Australian experience. A Healthier Future for All Australians Interim Report (2008) states that:

Aboriginal Community Controlled Health Services play an important role in the delivery of comprehensive primary health care, maximising people's potential and ameliorating illness as a barrier to Aboriginal and Torres Strait Islander people's participation in family, community and workforce. ...These Services need to be enabled to deliver services in an efficient manner.

This important role for ACCHOs is also recognised in the SA Aboriginal Health Care Plan (2010-2016) that lists amongst its key principles:

- support for the Aboriginal community controlled health care sector
- working together
- localised decision making
- developing the capacity and resources of health services and communities

### **Why ACCHOs provide quality service delivery**

AHCSA believes that there is evidence that demonstrates why direct investment in the sector is consistent with the development of quality health care systems.

When assessing the impact on investments in ACCHOs we would propose that there are several criteria that need to be addressed. These criteria include: Access to services, Models of services, Efficiency, Outcomes, Safety and Quality, and Capacity.

#### **Access to Services**

The ability to access services and receive appropriate levels of care is a major indicator of health outcomes. Evidence suggests that Aboriginal people's access to primary health care is improved when ACCHOs are available.

Available statistics include:

- 60% of Indigenous people across Australia use ACCHOs, despite the fact that there are many areas of Australia where Indigenous people do not have easy access to ACCHOs (Healthy for Life Aboriginal Community Controlled Health Services Report Card 2013)
- ACCHOs reported 1,812,758 episodes of care by service reporting to Commonwealth (Indigenous Health Service Delivery Division On-line Services Reporting 2012), and
- A majority of SA Aboriginal people prefer to use Aboriginal-specific health services if they are available (The SA Indigenous Health Survey 2012)

According to the A Healthier Future for All Australians Interim Report (2008), *'Aboriginal and Torres Strait Islander people are relatively higher users of 'community health services' (the classification used for community controlled health organisations) and relatively lower users of general medical services.'*

#### **Model of Service**

The way in which services are delivered is an important aspect of achieving positive outcomes in health. AHCSA would argue that the ACCHO model of primary health care (PHC) is perhaps the model that all PHC should aspire to. As outlined by NACCHO, the peak body for Aboriginal community controlled health services in Australia (NACCHO Constitution 2008):

Primary Health Care is all inclusive, integrated health care and refers to the quality of health services. It is a comprehensive approach to health in accordance with the Aboriginal holistic



definition of health and arises out of the practical experience within the Aboriginal community itself having to provide effective and culturally appropriate health services to its communities.

This model of service is better suited to the needs of Aboriginal people than the model available in fee-for-service general practice. The Bettering the Evaluation and Care of Health (BEACH) Program continuously collects information about the clinical activities in general practice in Australia. The BEACH database currently includes about 1,400,000 GP-patient encounter records (2012). Key information from the BEACH program includes:

- Only 1.4% of consults involved identified Indigenous people, although they constitute 2.2.% of the Australian population;
- The number of problems managed per encounter is the same as for non-Indigenous people although there is a significant disparity in health status; and
- There are lower rates of preventative measures at Indigenous encounters compared to non-Indigenous encounters.

This data suggest that Indigenous people with complex health issues do not receive an appropriate level of care in the mainstream primary health care system. In contrast, work from Thomas et al (1998) and Larkins et al (2005) show that there are significantly more problems managed per encounter with Indigenous patients in ACCHOs compared to Indigenous people presenting to fee-for-service general practice.

Analysis of data has shown that outcomes are better in the ACCHO sector. For example Panaretto et al (2013) found:

The limited information available suggests that the performance in the ACCHO sector on some key care activities is at a higher level than for mainstream general practice....The challenge now is to sustain this system and to continue to act on such data, which is predicated on having the appropriate time and resources in our peak bodies to support the Aboriginal and Islander health services.

Fee-for-service general practice often relies on throughput to maximise the income from the Medicare funding, which creates difficulties in addressing the health care needs of Aboriginal people, and is not suited to addressing in the manner outlined above. In one of the few studies which have investigated the barriers to providing health care to Aboriginal people in fee-for-service general practice, Craig (2000) surveyed GPs in south-west Sydney and her findings included that:



- GPs reported difficulties in establishing trust; there was a recognition that requires long consultations and the system is against it, and
- Some GPs specifically mentioned that they do not get involved in mental health or drug and alcohol issues.

It is precisely these types of issues that the ACCHO model of service seeks to address through its particular model of care.

### **Efficiency of program delivery**

There is evidence that shows that ACCHOs provide the best value for money. Preventative health activity is a major driver in reducing the gap in health outcomes. The ACE-Prevention project, undertaken at the University of Queensland, evaluated the cost-effectiveness of 150 preventative health interventions and also looked at the cost effectiveness and cost efficiency of mainstream vs. indigenous service providers. They concluded that up to fifty per cent more health gain or benefit can be achieved if health programs are delivered to the Aboriginal population via ACCHOs, compared to the same programs being delivered via mainstream primary care services.

AHCSA suggests this indicates that government should look to ACCHOs as the major provider of prevention services to Aboriginal people in SA.

### **Outcomes**

Data on health outcomes provide a mechanism for accountability - and for ACCHOs this includes being accountable to the communities they serve, as well as to the funders who invest in our services. ACCHOs have a history of developing data sources and monitoring outcomes that allow us to evaluate service delivery. This is also reinforced by the increasing number of KPI's that ACCHOs are either required or choose to report on. Voluntary and funder-required data sets include:

- OATSIH Service Reporting (OSR), a data set on service delivery and staffing numbers that is one of the longest running series of data collated on ACCHOs.
- National Key Performance Indicators (NKPI's), developed to assist with monitoring of clinical activity and outcomes to assist with evaluating the Closing the Gap, and other funding.

- HFL – Healthy for Life, a funded program with an emphasis on monitoring activity and outcomes in areas such as preventative health, antenatal care, maternal care and management of chronic diseases.
- Audit and Best Practice in Chronic Disease (ABCD), a nationwide research program which supports the implementation of continuous quality improvement in Indigenous primary health care.
- Several state based key performance indicator sets have also been developed by ACCHO peak bodies for use by their members.

At a national level there are several sources of information which support the outcomes achieved in ACCHOs.

The National Aboriginal Community Controlled Health Organisation (NACCHO) Report Card 2013 – developed in conjunction with the Australian Institute of Health and Welfare (AIHW) - highlights progress made in a number of key areas. Successes noted include:

- Increasing the proportion of adults participating in health checks
- Increasing the proportion of clients with coronary heart disease who have had a blood pressure result less than 140/90mmHg
- Raising the average birthweight of Indigenous babies and reducing the proportion of babies born with low or high birthweight
- Providing timely HbA1c tests to clients with Type 2 diabetes

The Report Card also notes areas for improvement and the ACCHO sector remains committed to continuing to improve performance.

The Aboriginal and Torres Strait Islander Health Performance Framework – 2012 report showed that:

- Two-thirds of all performance based outcomes were from the Aboriginal Community Controlled Health Sector, and
- 96% increase in episodes (1.22 mil – 2.5 mil) of care being delivered by the Aboriginal Community Controlled Health Sector between 1999/2000 and 2010/11

All of these activities have significant upstream effects on the health system, leading to decreased hospitalisation.

## **Safety and Quality in health care delivery**

Safety and Quality in health care as core concepts in service delivery have risen in prominence over time. AHCSA would contend that there is good evidence to suggest that Aboriginal community-controlled health services are amongst the leaders in Primary Health Care service delivery in terms of safety and quality.

In an overview of clinical governance in primary health care in Australia, Phillips et al (2010) noted that:

the Aboriginal community-controlled sector is in the vanguard of clinical governance in Australia ... input from the (ACCHO) sector should be sought from others in Australia to inform the implementation of clinical governance across all primary health care.

And this is also reflected in the degree to which ACCHOs expose themselves to industry standards and assessment. The major accreditation framework for accreditation in primary health care is the Royal Australian College of General Practice (RACGP) standards. The Standards are designed to be a template for safe and high quality care in the increasingly complex environment of Australian general practice. Currently 100% of eligible AHCSA Members are accredited against the RACGP Standards.

In addition, a majority of AHCSA members have achieved, or are in the process of achieving, their whole of organisation accreditation management standard frameworks. This helps our services to ensure that their structures for service delivery are of high standard and compliant with all legal and funding requirements.

AHCSA Members also have regular exposure to continuous quality improvement processes as a means of ensuring that service delivery is evidence based, evaluated and improved when appropriate.

## **Capacity to deliver services**

The ability to deliver services is enabled by the expertise and appropriateness of the workforce. The ACCHO sector across Australia is collectively one of the largest employers of Aboriginal people in the nation, and 'Health Care and Social Assistance' is the largest employment category for Aboriginal people according to the 2011 ABS Census.

In SA the AHCSA Membership employs approximately 450 staff and in many communities it is the largest employer of Aboriginal staff. The AHCSA membership is experienced in developing,

establishing and running programs and provides significant opportunities for employment, further education and personal development.

AHCSA has recently celebrated the ten-year anniversary of its accredited RTO. In the last three years alone 630 students have graduated from the courses the RTO has on scope and has been the major source of training for Aboriginal Health Workers for both AHCSA Members and Non-AHCSA (government) staff. Currently the AHCSA RTO has 269 (2012/2013) enrolments. The AHCSA RTO also provides training in partnership with various organisations. These include:

- Quit SA
- Alzheimer's Australia
- James Cook University
- Country Health SA
- Cancer Council SA
- Julian Burton Burns Trust

## **Examples of existing Service Provision and Innovation**

Our current services provide many examples of innovative and successful service delivery. Outlined below are some of the examples.

### **Pika Wiya Aboriginal Health Service (PWHS):**

#### **The Well Women's House Initiative: Listening to Aboriginal Women in Port Augusta.**

The PWHS Well Women's initiative responded to calls from the community for the creation of a culturally and gender safe service. The aim of the service is to:

- Provide information about health and wellbeing through groups and education sessions, craft sessions and individual support
- Provide a clinical service for women's health issues including comprehensive yearly women's health checks and antenatal and postnatal care with the Anangu Bibi team (Aboriginal Family Birthing Program).
- Offer multidisciplinary care for women, connecting them to other Pika Wiya programs such as Diabetes, Social and Emotional Wellbeing and Medication Reviews

The Well Women's initiative has been operating for only a short time but data is beginning to show positive results, such as 68% of women attending for preventative health care had an adult health check undertaken – which compares to results of 14.8% - 20.1% nationally.

### **Pangula Mannamurna Health Service:**

#### **COAG Primary Health Care Initiative: the Aboriginal Family Wellness Program (AFWP)**

AFWP was a partnership between Pangula Mannamurna Inc. (PMI) and South East Regional Community Health Service (SERCHS) to improve Aboriginal Family Wellness.

The program has resulted in strengthened partnerships between PMI and SERCHS with enhanced cultural capability of health care workers and services to improve family participation in both wellness management and chronic disease care.



## **Nganampa Health Council (NHC):**

### **Child and Maternal Health delivery**

NHC has a long history of being recognised for its service delivery in many areas. For example, in the Better Health Care: Studies in the Successful Delivery of Primary Health

Care Services for Aboriginal and Torres Strait Islander Australians (2001), the National Health and Hospital Reform Commission Interim Report notes that the Nganampa Health Council is one example where gains have been made in the areas of child and maternal health:

*.....women accessing antenatal care for the first time less than 20 weeks into their pregnancy had increased from 60 per cent, to around 90 per cent. Furthermore, data indicated a decrease in perinatal mortality rates and decreases in low birth weights.*

*This includes:*

- *ensuring first presentation is made before 20 weeks;*
- *having more than five antenatal visits per pregnancy; and*
- *performance of ultrasounds in all pregnancies.*

## **Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation, Nunyara Aboriginal Health Service and Pika Wiya Health Service Aboriginal Corporation:**

### **Our Wide Area Network Electronic Record Shared Health Information Platform (O.W.N.E.R.S.H.I.P) project**

Three Aboriginal Community Controlled Health Services collaborate to form a Joint Venture to share infrastructure and business systems for sustainable health services across Aboriginal communities. This innovation is the first of its kind in Australia.

Ceduna Koonibba, Pika Wiya and Nunyara are near completion of transitioning and migrating out of SA Health government ICT Networks and onto independently owned and managed cloud technology.



## **Port Lincoln Aboriginal Health Service (PLAHS):**

### **Choices, Chances, Changes program**

PLAHS were amongst the first cohort of AHCSA Members to complete Whole of Organisation Accreditation. They have been highly commended in the whole of organisational accreditation review and the review team noted the work of the entirely Aboriginal staffed Finance Team.

Also in a good example of collaborative preventative service delivery, the PLAHS Social Emotional Wellbeing Team ran a five week drug and alcohol program called 'Choices, Chances, Changes' with a local high school. The program focused on innovative delivery with interactive components and also utilised local resources to address health, social and legal issues facing Aboriginal youth.

## **AHCSA**

### **State-wide programs**

AHCSA facilitates a number of programs at a state-wide level that it runs to support member services. AHCSA has a good track record in the delivery of such population health focused activities. Examples of these programs include:

- Sexual Health Program - has shown a steady annual increase in the number of young Aboriginal people across SA screened for sexually transmissible infections
- BBV Program - has supported ACCHOs to have regular clinics for people with chronic hepatitis B or C
- Ear Health Program - has developed a systematic approach for the improved management of chronic otitis media in Aboriginal children in SA ACCHOs.
- Patient Information Management Systems Program - has led to better data management at the primary health care level, leading to better patient management and more accurate data collection
- eHealth Program - has led to ACCHOs in SA being fore-runners in adopting eHealth systems



### The Value Proposition

AHCSA contends that Aboriginal Community Controlled primary health care services provide the best return on investment for achieving measurable outcomes in closing the gap in health status for Aboriginal people.

Primary and preventative health care has been shown to have significant impacts on avoidable hospitalisation as seen in Lavoie's work (2005) and several overseas studies showed that improvements in early chronic disease management at the primary care level can have significant reductions in mortality and morbidity in later life.

However, our concern is that funding is generally not being invested where it is needed. The Commonwealth stated that Government strategy to close the gap will focus on the treatment of Indigenous Australians' illnesses "largely through the mainstream health system, because that is where 70% of Indigenous people are treated". (PM Rudd 2009)

With evidence showing that investment in primary health care showed better outcomes, the question must be asked:

*Why is there not greater government investment in the most cost-effective way of improving Indigenous health and well-being – that is, Aboriginal Community Controlled Primary Health Care?*

AHCSA recognises the history of support for the ACCHO sector; we note that there has been little growth in funding to the sector at the state level with most of the expansion funding under the COAG Close the Gap (CTG) agenda going to state health services and Medicare Locals.

Once again we highlight Lavoie (2005) who also found that:

*'the results of our study show that communities that entered into a transfer agreement showed better outcomes: the longer in a transfer agreement, the better the outcomes'.*

In Australia the Peak Body for Aboriginal Health – NACCHO – has set out a ten point plan to improve health outcomes that recognises the inputs needed at several levels.

This includes investing in ACCHOs:

- To deliver innovative Comprehensive PHC
- That is driven by Aboriginal Leadership, Partnership and Health system reform
- And underpinned by appropriate financing, workforce, infrastructure, research and data

- With accountability, reporting, monitoring and evaluation mechanisms

Along with NACCHO, AHCSA and our Members are looking at the way forward and have identified a set of strategic directions for investment in the community controlled sector in South Australia.

### **The Best Areas for Investment**

AHCSA proposes four key areas of investment for the greatest outcomes:

1. Investing in AHCSA as the Peak Body to continue providing leadership
2. Investing in working together in partnership to improve Aboriginal health
3. Investing in ACCHO services: both existing and new ones
4. Investing in building the Workforce

#### **1. Invest in working together in partnership to improve Aboriginal health**

AHCSA seeks further investment in meaningful engagement mechanisms. This includes continuing the regular forums with Health Minister and senior staff to foster shared priorities and address issues raised by the membership.

AHCSA also considers there to be value in investing in resourcing and commitment to formal partnership processes which includes a shared process to review and renew the Framework Agreement on Aboriginal Health in SA which is due to expire in 2015.

As part of working together AHCSA proposes that agreeing to shared principles for commitment will allow long term sustainable investments to bear fruit to the benefit of all parties.

And in working together it is important to recognise the roles that all stakeholders have, including the ongoing emerging role of the Medicare Locals in the primary health care system.

#### **2. Invest in ACCHO services**

AHCSA calls for ongoing support for existing service delivery and for the expansion of existing services to further the delivery of high quality, culturally appropriate and effective primary health care to Aboriginal people.

In addition AHCSA strongly recommends the development of new services in areas not currently covered by ACCHOs, such as the emerging services in the Murray Bridge area and the Riverland.

AHCSA also calls for the strengthening of the role of AHCSA Members as preferred providers of health services to Aboriginal people when new programs are being considered. This includes streamlining contracting arrangements so that administrative burdens on ACCHOs can be reduced to enable greater focus of resources on program delivery.

AHCSA will also seek ongoing investment in data development and support functions to further strengthen the access to information for reporting on progress and outcomes.

### **3. Invest in AHCSA as Peak Body**

AHCSA calls for governments to recognise the Leadership role that AHCSA has, and continues to play in providing leadership on key Aboriginal health issues, and to support this through meaningful investment strategies.

This means a commitment to ongoing funding for AHCSA with timelines and resource levels that support the mutual attainment of goals.

AHCSA also calls for stronger recognition and responses to the advocate voice of AHCSA on behalf of the Membership that recognise the history of AHCSA and its value to the state.

And, AHCSA plays a vital role in supporting the development of governance mechanisms for the membership in line with the principles of community control. AHCSA calls for investment to support AHCSA in further developing its governance support capacity.

### **4. Invest in Workforce**

The ACCHO workforce is a vital component in addressing the inequity in Aboriginal health outcomes at several levels. AHCSA calls for continued investment for the AHCSA RTO, including the current commitments made through the COAG CTG agenda and for the expansion of resources to allow AHCSA to consider options for other relevant training that will benefit the sector.

AHCSA also recognises that the emerging Aboriginal Health Worker registration process at a national level requires investment for concurrent development of structures to support the registered profession, including the need for ongoing AHW professional development. In addition, with the creation of a number of new positions through the CTG programs tackling smoking, obesity and chronic disease there is a need for ongoing investment in the CTG workforce.

AHCSA believes that the evidence exists that investments in the Aboriginal community controlled health sector will bring the best returns for those stakeholders wanting to address the gaps in health and social outcomes for the Aboriginal population in South Australia. By adhering to the AHCSA slogan – **Our Health, Our Choice, Our Way** – we can all walk the path towards equality in health outcomes together. As part of this, AHCSA calls on all Members of Parliament to commit to investing in our sector within the broad framework outlined above to continue the achievements that have been made.

For further information, and opportunities to work with AHCSA, please do not hesitate to contact the AHCSA Secretariat.

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## Reference Sources

Akrabbim, Ceranthor, Dthomsen8, Giraffedata, HPAIED, Johnpacklambert, Khazar2, Malcolma, OSborn, Sleepsayer, T@nn, Tim!, Toon05, Uyvsdi, Waacstats, 20 anonymous edits: Harvard Project on American Indian Economic Development Harvard Project Source

Australian Institute of Health and Welfare Canberra Cat. no. IHW 97: Healthy for Life Aboriginal Community Controlled Health Services Report Card

Chandler, M. J. and Lalonde, C. E. (1998) Transcultural Psychiatry, 35, 191-219. Cultural continuity as a hedge against suicide in Canada's First Nations

Christine B Phillips, Christopher M Pearce, Sally Hall, Joanne Travaglia, Simon de Lusignan, Tom Love and Marjan Kljakovic 2010: Can clinical governance deliver quality improvement in Australian general practice and primary care? A systematic review of the evidence

Commonwealth of Australia 2001: Better Health Care: Studies in the Successful Delivery of Primary Health Care Services for Aboriginal and Torres Strait Islander Australians

David P. Thomas, Richard F. Heller, Jennifer M. Hunt AUSTRALIAN AND NEW ZEALAND JOURNAL OF PUBLIC HEALTH 1998 VOL. 22 NO Clinical consultations in an Aboriginal community-controlled health service: a United Nations 07-58681—March 2008—4,000: comparison with general practice

Josée G. Lavoie, Evelyn L. Forget, Annette J. Browne 2010: Caught at the Crossroad: First Nations, Health Care, and the Legacy of the Indian Act

Josée G. Lavoie, Evelyn L. Forget, Tara Prakash, Matt Dahl, Patricia Martens, John D. O'Neil: Have investments in on-reserve health services and initiatives promoting community control improved First Nations' health in Manitoba? 2010

NACCHO: Investing in Healthy Futures for generational change NACCHO 10 Point plan 2013-2030

K S Panaretto, K L Gardner, S Button, et al. BMJ Open 2013 3: Prevention and management of chronic disease in Aboriginal and Islander Community Controlled Health Services in services Queensland: a quality improvement study assessing change in selected clinical performance indicators over time in a cohort of services

SA Health 2012 University of Adelaide South Australian Aboriginal Health Survey

Theo Vos1, Rob Carter2, Jan Barendregt1, Catherine Mihalopoulos2, Lennert eerman1, Anne Magnus2, Linda Cobiack1, Melanie Bertram1, Angela Wallace: Assessing Cost-Effectiveness in Prevention. ACE–Prevention September 2010

United Nations Declaration on the Rights of Indigenous Peoples 2007