CLOSETHEGAP

# Close the Gap Campaign Steering Committee

Submission to the Senate Community Affairs References Committee Inquiry into the Extent of Income Inequality in Australia

**22 August 2014**

# Table of Contents

# 1 Introduction

*1.* The Close the Gap Campaign Steering Committee welcomes the opportunity to make a submission to the *Senate Community Affairs References Committee Inquiry into the Extent of Income Inequality in Australia.*

2. Australia's peak Aboriginal and Torres Strait Islander and non-Indigenous health bodies, health professional bodies and human rights organisations operate the Close the Gap Campaign. See Appendix 1 for the membership and a brief history of the Close the Gap Campaign Steering Committee.

3. Closing the gap in Aboriginal and Torres Strait Islander health and wellbeing outcomes in a generation is a long term objective and requires a long term commitment that will span policy cycles, funding agreements and governments. Consequently the Campaign Steering Committee views the issue of income equality as a significant factor in addressing health inequality. Hence our submission is particularly concerned with terms of reference c and d.

4. The Campaign Steering Committee sees issues of income inequality as directly impacting on the health of Aboriginal and Torres Strait Islander peoples. As Chair of the Prime Minister's Indigenous Affairs Council, Warren Mundine said at the The Baker IDI Central Australia Oration:

> Poverty is both a cause and a result of poor health. People living in poverty live in environments that make them sick with inadequate housing or overcrowding, for example. Poor health in turn keeps people and communities in poverty.[1]

5. The socio-economic determinants of health inequality have historical and structural causes which require a holistic approach to policy and service delivery that is driven by Aboriginal and Torres Strait Islander peoples, through their peak and local organisations and leaders. Employment impacts on income impacts on housing which impacts on health which impacts on education which impacts on employment and so on. This vicious circle of disadvantage is the result of colonisation and its ongoing presence in the structures of our society. Policies such as indentured labour and 'stolen wages' are direct economic examples of such impacts.

> In contrast to non-Indigenous Australians, Indigenous individuals and groups have long located their ill-health in the context of macro-social factors such as colonialism, dispossession from country, poverty and institutional racism.[2]

6. Income inequality for Aboriginal and Torres Strait Islander peoples is linked to the continuing impact of colonisation and past government policies. The Campaign Steering Committee advocates for a rights-based approach to address inequality. We therefore refer the committee to the research and analysis of the Harvard Project in the United States, which looks at the relationship between Indigenous self-determination and economic capacity building and participation.[3]

7. We also believe that racism and stereotyping has a debilitating effect on Aboriginal and Torres Strait Islander participation in the workforce[4] and therefore

encourage ongoing commitment by governments to anti-racism and cultural safety strategies, particularly those that focus on the workplace.

8. See Appendix 2 for a more detailed look at the current situation of income inequality for Aboriginal and Torres Strait Islander people.

## 2 Impact of the Federal Budget 2014-15

9. The Campaign Steering Committee fears that the Federal Budget 2014-15 could lead to negative outcomes for Aboriginal and Torres Strait Islander peoples and could undermine the national effort to close the gap. The Campaign Steering Committee's concerns focus on three key areas:

- Indigenous health
- Potential disproportionate impacts of mainstream budget measures on Aboriginal and Torres Strait Islander people's health outcomes
- Indigenous Affairs.

### *(a) Indigenous health*

#### Anti-smoking initiatives

10. The Federal Budget includes a proposed cut to $130 million cut from Indigenous-specific population health anti-smoking initiatives. The reduction in Aboriginal and Torres Strait Islander smoking rates by 10 per cent over the last decade demonstrates that positive health behavioural change is possible. Nevertheless, smoking is an intractable behaviour and requires multipronged sustained, long-term effort.

11. Tobacco smoking is the most preventable cause of ill health and early death among Aboriginal and Torres Strait Islander people. Reducing smoking rates has greatest potential to make short term reductions in the mortality rates relating to heart disease which is the major cause of death and the chief contributor to the life expectancy gap. Smoking is also a major contributor to the child mortality gap through its role in low birth weight. The Campaign Steering Committee believes the proposed cuts to anti-smoking initiatives will undermine the advancement, goodwill and buy-in that is evidenced in the community and therefore must be revisited.

#### Slowing investment and uncertainty in ongoing funding

12. The Campaign Steering Committee is also concerned that $89 million will be saved by slowing investments in primary health care funding prior to the implementation of the new funding approach and that funding in relation to activities under the expiring *National Partnership Agreement on Indigenous Early Childhood Development* is not ongoing.

13. The uncertainty around the future of the Aboriginal Community Controlled Health Services (ACCHS) is also having a negative impact on the existing workforce. It is important for this sector to continue, and for patients to know, that the health professionals they have placed their trust in will be there to care for them into the future. The uncertainty also impacts partner organisations which may also employ Aboriginal staff; with funding instability making ongoing planning and resource allocation difficult.

14. There is also a lack of clarity around the future funding arrangements for the Aboriginal and Torres Strait Islander health workforce peak bodies. A key component of these organisations' work is to promote health as a career opportunity for Aboriginal and Torres Strait Islander people. It well acknowledged that Aboriginal and Torres Strait Islander people achieve better health outcomes when Aboriginal and Torres Strait Islander health professionals care for them.. The health sector is also the biggest employer of Aboriginal and Torres Strait Islander people. Recruitment and retention are key strategies undertaken by the peak bodies, which is currently under threat with this uncertainty.

15. Aboriginal and Torres Strait Islander health workforce peak bodies also contribute to increased income equity/parity by promoting ongoing (higher) education pathways; providing a strong support and advocacy mechanism for this growing and emerging health workforce and positively impacting on the recruitment and retention of students within the secondary and higher education sector. In part, this is the power of the cohort effect, and these organisations provide a structure to nuture and mentor such cohorts.

**Indigenous Australians' Health Programme**

16. The Campaign Steering Committee notes the creation of the *Indigenous Australians' Health Programme* and the new funding allocation methodology for Indigenous health grants. The Campaign Steering Committee supports a new funding formula for Aboriginal and Torres Strait Islander health services that is developed in consultation with Aboriginal and Torres Strait Islander peoples and their representative organisations.

17. The formula must be indexed for population growth and inflation, be need-based, geographically equitable and focus on areas with poor health outcomes and inadequate health services. The evidence which demonstrates that ACCHS have inherent advantages as the provider of choice in terms of both better access and higher quality of service is to be utilised in developing this funding allocation.[5]

*(b) Potential disproportionate impacts of mainstream budget measures on Aboriginal and Torres Strait Islander peoples' health outcomes*

18. The Budget contains a number of measures that will likely have a disproportionate negative impact on Aboriginal and Torres Strait Islander people. We will contain focus to measures that will have a direct impact on health outcomes. However the Campaign Steering Committee is very concerned that cuts to education and changes to welfare are likely to indirectly impede health

outcomes as well as lead to other negative outcomes for Aboriginal and Torres Strait Islander people.

19. The changes to the welfare system, particularly youth welfare, could lead to high crime rates and therefore incarceration rates of Aboriginal and Torres Strait Islander people. The Campaign Steering Committee reiterates its previous call that the Federal Government needs to take a leadership role in developing specific *Closing the Gap Targets* in relation to incarceration rates and community safety. Specific *Closing the Gap Targets* in relation to mental health and suicide prevention, as recommended in the National Mental Health Commission's 2012 Report Card, should also be adopted.

**Medicare Benefits Scheme and Pharmaceutical Benefits Scheme**

20. The proposed co-payment scheme for the Medicare Benefits Scheme (MBS) and the proposed increase to co-payments to the Pharmaceutical Benefits Scheme (PBS) causes the Campaign Steering Committee great anxiety. The Campaign Steering Committee is firmly of the view that increasing out of pocket expenses for health care will further entrench existing barriers to equitable healthcare access for Aboriginal and Torres Strait Islander people. We acknowledge that some chronic disease items and health assessments will be exempt, but the overall impact of these changes will make it harder to close the health and mortality gap and give rise to additional stressors on Aboriginal and Torres Strait Islander communities, low income people and pensioners.

21. The most up to date data (2010/11) demonstrates that Aboriginal and Torres Strait Islander people access MBS at a ratio of 0.7 and the PBS at a ratio of 0.75 compared to other Australians. Given that Aboriginal and Torres Strait Islander people are at least twice as sick as other Australians, current use of MBS and PBS is perhaps as low as 1/3 of what is required on a needs basis. Further reports from Campaign Steering Committee member the Australian Medical Association show that 37.5 per cent of Aboriginal peoples and Torres Strait Islanders living in non-remote locations, and 16.5 per cent in remote locations, already have problems accessing health services due to cost. The Campaign Steering Committee fears the impact of the MBS and PBS proposals.

22. The Federal Government should be taking targeted steps to increase Aboriginal and Torres Strait Islander people's access to health care services and mitigate against anything that might create further access barriers. It should not be left to ACCHS and other primary health services to waive the co-payment and consequently take a budget cut which would put the services under increased fiscal pressure and decrease their ability to provide quality care for patients.

23. To demonstrate its commitment to the national effort to close the gap the Federal Government should revisit the impact of co-payment measures in the budget in light of their likely impact to Aboriginal and Torres Strait Islander people health outcomes. If the proposed changes to the MBS and PBS measures are retained it would require the development of an exemption mechanism or offset scheme for all Aboriginal and Torres Strait Islander people.

### Preventative health

24. The Campaign Steering Committee also notes with concern cuts to preventative health programmes in the budget. Preventative health initiatives could also have significant impact on Aboriginal and Torres Strait Islander people because of the negative impact this will have on addressing chronic disease. Chronic disease is a significant contributor to the health equality gap. Cuts to preventative health will cost more dollars in future health expenses.

*(c) Indigenous Affairs*

### Indigenous Advancement Strategy

25. The Campaign Steering Committee understands the Federal Government's priority areas in Indigenous Affairs are education, employment and safer communities. These policy goals are consistent with the *Closing the Gap* strategy and are integral to a holistic approach to achieving health equality that encompasses the social determinants of health. The Campaign Steering Committee also supports the need for policy refinement and clarification of roles and responsibilities to ensure that best outcomes can be achieved.

26. The Campaign Steering Committee does not believe that the proposed *Indigenous Advancement Strategy* should be conceived of or articulated as a departure from the *Closing the Gap* strategy and its internal programme logic of driving action to achieve the *Closing the Gap Targets*. Without this integrated approach to addressing disadvantage the Campaign Steering Committee fears that health programmes and services are likely to have, at best, an unsustainable and short-term impact.

27. The Indigenous policy space has a legacy of policy upheaval and change. In relation to progress against the *Closing the Gap Targets* the Campaign Steering Committee notes that it has been mixed, which is understandable given they only commenced in 2009, but we do not believe this warrants a departure from the *Closing the Gap* strategy.

28. In relation to achieving the life expectancy equality target by 2030, the Campaign Steering Committee notes that progress will occur gradually. Much of the current data (latest life expectancy data is 2010-12) reflects what was happening prior to or at the beginning of the *Closing the Gap* strategy. As a result there has not been sufficient time for the data to demonstrate significant, and perhaps any, impact of the strategy. This is especially the case when we are looking to reverse the cumulative lifetime impact health risk factors on chronic disease.

### Budget cuts

29. The Campaign Steering Committee notes that the *Indigenous Advancement Strategy* will save the Federal Government $534.4 million over five years through programme rationalisation. We support the reduction of red tape and duplication but we are concerned about a lack of detail on how these cuts will apply and the impact of these cuts on services and health outcomes.

30. The Campaign Steering Committee refers to the Coalition's pre-election commitment to continue current levels of funding on *Closing the Gap* activities, but examine programmes to make sure that they are directly working to meet the *Closing the Gap Targets*. The budget savings to be achieved through programme rationalisation have not been, as promised, maintained in Indigenous Affairs – the health savings will be invested in the *Medical Research Future Fund* and other savings will be go to the budget bottom line.

### COAG Reform Council

31. The defunding of the COAG Reform Council is a cause of great concern. The COAG Reform Council provided a much needed independent and transparent approach to measuring progress in closing the gap. As an independent body it reported on progress by the States and Territories as well as nationwide progress and its reports were accessible and accountable to the Australian people. There remain questions as to whether transferring the reporting functions to Prime Minister and Cabinet will diminish not only accessibility and accountability but also multi-level governmental co-ordination of efforts.

## 3 Principles that should guide welfare reform

32. The Campaign Steering Committee takes a human rights approach to achieving Aboriginal and Torres Strait Islander health equality, which is highly relevant to how governments provide income support, strengthen individual and family capability and improve access to employment and income parity. The rights based approach forms a core part of the Campaign Steering Committee's operations and policy deliberation and in relation to social determinants of health includes the following principles:

- **Rights:** Right to an adequate standard of living, including food, water and housing.
- **Participation:** Aboriginal and Torres Strait Islander peoples participating in decisions that affect them, including through their own representative bodies.
- **Partnership:** Shared decision-making between Governments and Aboriginal and Torres Strait Islander peoples and their own representative bodies.
- **Leadership:** Closing the Gap requires a national effort with the Federal Government leading the work with all states and territories. The Commonwealth has the responsibility to advocate for and coordinate their own, States and Territories efforts.
- **Evidence:** Research findings and the evidence base informing the development of programs, policies and practices.
- **Quality:** All facilities, goods and services for Aboriginal and Torres Strait Islander peoples, whether delivered by Indigenous specific providers or the mainstream, are culturally secure and are of the highest quality.

- **Sustainability:** Investment in prevention and early intervention over the long term.

- **Empowerment:** Aboriginal and Torres Strait Islander peoples taking responsibility for and making decisions about their physical, spiritual, cultural, social and economic wellbeing**.**

- **Capacity building**: Building and supporting Aboriginal and Torres Strait Islander leadership, expertise and capacity.

33. We also point to the following principles underpinning Oxfam's development work as ways to address poverty as a determinant of ill health. Oxfam's work neatly summarises our approach to addressing poverty:

    - Recognises that imbalances in **power relations** contribute to marginalisation and prevent poor people from exercising their rights;

    - Is **participatory**, recognising that all people, including those living in poverty, have a right to be involved in processes that impact on their lives.

    - Recognises that all development actors and all stakeholders are **accountable** to one another.

    - Promotes **equality** and **non-discrimination**, with a particular focus on vulnerable or marginalised people(s).

    - Is **holistic** - recognising that economic poverty has deeply felt social, cultural and political causes and effects, and that the spectrum of human rights must be understood together to constitute the basic necessities for a life of dignity and freedom.

    - Recognises that rights also involve **corresponding responsibilities** – the fact that we all have human rights means we are also all duty bearers.

    - Makes use of existing legal systems, and, depending on the context, develop **links** between development goals and international human rights laws.

34. It is important to note It is important to note that historically, in fact until the 1960s, Aboriginal and Torres Strait Islander peoples were intentionally excluded from the welfare system. Since then, welfare provision to Aboriginal and Torres Strait Islander peoples has been a matter of great debate and contention.

35. The Campaign Steering Committee believes that there is a need for measures that provide for income security to prevent poverty and ill-health but that these measures should also be enabling and empowering so that recipients are encouraged, if able, to seek employment or further education. This should occur through financial incentives rather than financial punishments. Federal Government proposals to, for example, delay unemployment benefits to young people or arbitrarily force single mothers to seek employment when their children turn 8 are unlikely to address issues of poverty and disadvantage and could

potentially exacerbate the already overly high rates of psychological distress in the Indigenous population.

36. The Close the Gap Campaign Steering Committee therefore recommends that the following principles should guide social security policy:

- Income support reform is focused on reducing poverty, system complexity, and exclusion from employment.
- No disadvantaged group is worse off.
- Payments are targeted to need.
- The system supports and encourages employment participation or educational/training opportunities.
- The employment services system needs to be more responsive to the needs of both jobseekers and employers and be culturally competent.
- Developed in partnership with the groups affected by the measures.

## Appendix 1: Membership and a brief history of the Close the Gap Campaign Steering Committee

Australia's peak Aboriginal and Torres Strait Islander and non-Indigenous health bodies, health professional bodies and human rights organisations operate the Close the Gap Campaign. The Campaign's goal is to raise the health and life expectancy of Aboriginal and Torres Strait Islander people to that of the non-Indigenous population within a generation: to close the gap by 2030. It aims to do this through the implementation of a human rights-based approach set out in the Aboriginal and Torres Strait Islander Social Justice Commissioner's *Social Justice Report 2005*.[6]

The Campaign Steering Committee first met in March 2006. Our patrons, Catherine Freeman OAM and Ian Thorpe OAM, launched the campaign in April 2007. To date, almost 200,000 Australians have formally pledged their support.[7]

Australian Government and Opposition party representatives, including the then Prime Minister and Opposition Leader, signed the Close the Gap Campaign's *Close the Gap Statement of Intent* in March 2008 at the Campaign's National Indigenous Health Equality Summit. Successive Prime Ministers, Opposition Leaders, and Greens Party leaders have indicated their continuing support. The *Close the Gap Statement of Intent* was subsequently signed by the Governments and Opposition Parties of Victoria in March 2008; Queensland in April 2008, Western Australia in April 2009; the Australian Capital Territory in April 2010, New South Wales in June 2010; and South Australia in November 2010.

As acknowledged in the NIRA, 'the [COAG] Closing the Gap Agenda was developed in response to concerns raised with governments by Indigenous and non-Indigenous persons, including through the Close the Gap Campaign and the National Indigenous Health Equality Summit'.[8] As such, the Campaign has provided significant impetus for the Council of Australian Governments:

- Setting six 'Closing the Gap' Targets, including to achieve Aboriginal and Torres Strait Islander life expectancy equality within a generation, and to halve the Aboriginal and Torres Strait Islander under-fives mortality rate gap within a decade; and

- Agreeing, by November 2008, the 'Closing the Gap' national partnership agreements. These have brought with them approximately five billion dollars in additional resources, including the $1.57 billion attached to the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* that expired in June 2013; and the $564 million attached to the *National Partnership Agreement on Indige*nous Early Childhood Development that expires in June 2014.

The Close the Gap Campaign is a growing national movement:

- Every year since 2010 the National Rugby League has dedicated a round of matches to Close the Gap. The Close the Gap rounds are broadcast to between 2.5 and 3.5 million Australians each year.

- In 2007 the first National Close the Gap Day was held. It involved five large State events and more than 300 community events. National Close the Gap Day has become an annual event since 2009. Australians across every state and territory participate in this event. Health services, schools, businesses, hospitals, government departments, ambulance services, non-government organisations and others hold events to raise awareness and show support for the Campaign and its goals. Reflecting the importance of the Campaign to nation, it has become the largest and highest profile Aboriginal and Torres Strait Islander health event in the country. Just under 1,300 community events involving approximately 150,000 Australians were held on National Close the Gap Day in 2014.

The current members of the Close the Gap Campaign Steering Committee are:

**Co-chairs**

- Ms Kirstie Parker, Co-chair of the National Congress of Australia's First Peoples
- Mr Mick Gooda, Aboriginal and Torres Strait Islander Social Justice Commissioner, Australian Human Rights Commission

**Members**

- Aboriginal and Torres Strait Islander Healing Foundation
- Australian Indigenous Doctors' Association
- Australian Indigenous Psychologists' Association
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Indigenous Allied Health Australia
- Indigenous Dentists' Association of Australia
- National Aboriginal Community Controlled Health Organisation
- National Aboriginal and Torres Strait Islander Health Workers' Association
- National Association of Aboriginal and Torres Strait Islander Physiotherapists
- National Congress of Australia's First Peoples
- National Coordinator — Tackling Indigenous Smoking (Dr Tom Calma AO - Campaign founder and former Aboriginal and Torres Strait Islander Social Justice Commissioner)
- National Indigenous Drug and Alcohol Committee
- The Lowitja Institute
- Torres Strait Island Regional Authority
- Australian College of Nursing
- Aboriginal Health and Medical Research Council
- Australian Human Rights Commission (Secretariat)
- Australian Medical Association
- Australian Medicare Local Alliance
- Australian Physiotherapy Association
- ANTaR

- Beyondblue
- The Fred Hollows Foundation
- Heart Foundation Australia
- Menzies School of Health Research
- Oxfam Australia
- Palliative Care Australia
- PHILE Network
- Public Health Association of Australia
- The Pharmacy Guild of Australia
- Royal Australasian College of Physicians
- Royal Australian College of General Practitioners

## Appendix 2: Current situation of income inequality for Aboriginal and Torres Strait Islander people

According to the Australian Bureau of Statistics 2011 Census:

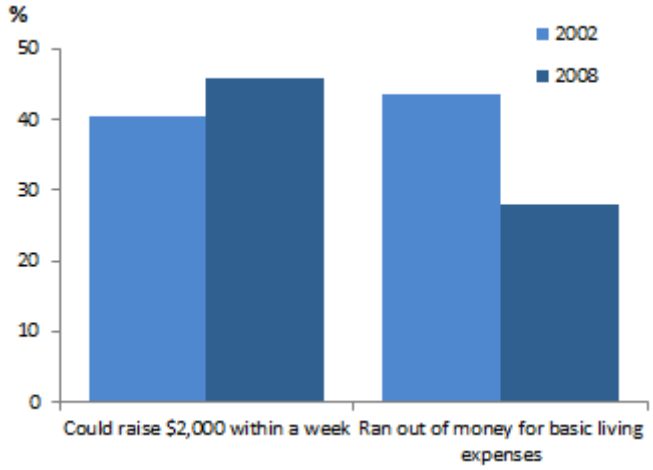
- 13% of Aboriginal and Torres Strait Islander people aged 15 years and over reported a gross personal income of $1,000 or more per week.
- Males were more likely to report an income of $1,000 or more per week than females (16% compared with 10%).
- Over half (52%) of Aboriginal and Torres Strait Islander people aged 15 years and over reported a personal income between $1 and $599 per week, with females more likely to report an income in this range than males (58% compared with 46%).
- Over half (56%) of Aboriginal and Torres Strait Islander people reported an equivalised weekly household income between $200 and $799.
- In comparison, 51% of non-Indigenous people reported an equivalised weekly household income of between $400 and $1,249.
- Aboriginal and Torres Strait Islander people were less likely than non-Indigenous people to report an equivalised weekly household income of $1,000 or more (13% compared with 33%).
- 1% of Aboriginal and Torres Strait Islander people reported an equivalised weekly household income of $2,000 or more, compared with 6% of non-Indigenous people.

In relation to the issue of financial stress the *National Aboriginal and Torres Strait Islander Social Survey* in 2008 presented the following data.

## Income Statistics

**FINANCIAL STRESS, Aboriginal and Torres Strait Islander people aged 15 years and over, Australia–2002 and 2008.**

| | 2002 % | 2008 % |
|---|---|---|
| Whether household members could raise $2000 in an emergency | | |
| Could raise $2,000 within a week | 40.6 | 45.9 |
| Could not raise $2,000 within a week | 54.3 | 47.4 |
| Not stated | 5.1 | 6.7 |
| Whether household members ran out of money for basic living expenses in last 12 months | | |
| Ran out of money for basic living expenses | 43.7 | 28.0 |
| Did not run out of money for basic living expenses | 56.3 | 71.5 |




Source: Table 05; National Aboriginal and Torres Strait Islander Social Survey, 2008 (cat. no. 4714.0)

In relation to employment issues in 2011, 42% of Indigenous Australians aged 15 and over were employed (61% of non-Indigenous people). Unemployment rates were 17% for Indigenous Australians (5% for non-Indigenous Australians).

The latest COAG Reform Council reported that Indigenous employment outcomes did not improve in any jurisdiction in the past four years. From 2008 to 2012–13, Indigenous employment fell in

- Western Australia (10.7 percentage points)
- Queensland (8.2 percentage points)
- Northern Territory (6.8 percentage points).

In the same period:

- Indigenous unemployment rose by 8.8 percentage points in Queensland

- Indigenous labour force participation fell in Western Australia (8.6 percentage points)

- Indigenous labour force participation fell in Victoria (6.8 percentage points).

No jurisdiction saw a significant improvement in the gap in any indicator. In some jurisdictions, the gap widened significantly:

- The gap in the employment rate widened by 13.8 percentage points in Western Australia and

- 8.0 percentage points in Queensland between 2008 and 2012–13.

- The unemployment rate gap widened in Queensland by 7.0 percentage points.

- The gap in the labour force participation rate widened by 12.3 percentage points in Western Australia and

- The gap in the labour force participation rate widened by 8.1 percentage points in Victoria.[9]

Obviously employment outcomes are influenced by economic circumstances both within their state/territory jurisdictions and across the nation. One of the key employment challenges during this period for Aboriginal and Torres Strait Islander peoples was due to the changes made to the scope of *Community Development and Employment Projects* (CDEP) which was substantially reduced from 2009 onwards. The decline in CDEP had a greater or lesser impact, depending on the state and territory.

Discrimination and racism continue to impact Aboriginal and Torres Strait Islander peoples as evidenced in studies such as the VicHealth report, *Mental health impacts of racial discrimination in Victorian Aboriginal communities.* The figures from the report note that:

- 97% of Aboriginal people experience racism each year,
- 70% experience at least 8 racist incidents each year,
- people who experienced the most racism also recorded the most severe psychological distress scores,
- two-thirds of those who experienced 12 or more incidents of racism reported high or very high psychological distress scores. This suggests that every incident of racism that is prevented can help reduce the risk of a person developing mental illnesses such as anxiety or depression and
- more than 70% worried at least a few times a month that their family and friends would be victims of racism.[10]

[1] W Mundine, *The Baker IDI Central Australia Oration*, 4 October 2013. URL: http://www.indigenouschamber.org.au/wp-content/uploads/2013/10/Published-Baker-IDI-Oration.pdf (Accessed 14 January 2014).
[2] S Saggers and D Gray, "Defining what we mean", in B Carson, T Dunbar, R Chenall and R Bailie (Eds) Social Determinants of Indigenous Health (2007), p 16.
[3] The Harvard Project on American Indian Economic Development, *The State of Native Nations: Conditions under U.S. policies of self-determination* (2008), pp 111-143.
[4] Paradies, Y. 2006, 'A Systematic Review of Empirical Research on Self-reported Racism and Health', International Journal of Epidemiology, vol. 35, no. 4, pp. 888-901
[5] For example K Panaretto, M Wenitong, S Button and I Ring (2014) "Aboriginal community controlled health services: leading the way in primary care" 200(11) Medical Journal of Australia 649.
[6] T Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner, S*ocial Justice Report 2005*, Human Rights and Equal Opportunity Commission (2005), chapter 2. At http://www.humanrights.gov.au/publications/social-justice-report-2005-home (viewed 4 April 2005).
[7] See Oxfam Australia, Sign the Close the Gap pledge, https://www.oxfam.org.au/my/act/sign-the-close-the-gap-pledge (viewed 4 April 2014).
[8] *National Indigenous Reform Agreement*, Council of Australian Governments, p A-16. At http://www.federalfinancialrelations.gov.au/content/npa/health_indigenous/indigenous-reform/national-agreement_sept_12.pdf (viewed 4 April 2014).
[9] COAG Reform Council, *Indigenous Reform 2012-13: Five years of Performance* (2014). URL: http://www.coagreformcouncil.gov.au/reports/indigenous-reform/indigenous-reform-2012-13-five-years-performance.html (viewed 14 August 2014).
[10] VicHealth, *Mental health impacts of racial discrimination in Victorian Aboriginal communities-Experiences of Racism survey: a summary (*2012), p 2.