

# Coalition for Aboriginal Health Equality Victoria

Working to ensure the commitments of the *Statement of Intent to Close the Gap in Indigenous Health Outcomes* are met



## Closing the Gap: Now more than ever

Victorian State Election 2014

## Introduction

The Coalition for Aboriginal Health Equality Victoria (CAHEV) works to ensure that the commitments of the Statement of Intent to Close the Gap in Indigenous Health Outcomes are met. The Coalition is comprised of community-controlled and mainstream civil society organisations which have committed to the Statement of Intent. Members of the Coalition for Aboriginal Health Equality are committed to working together to achieve equity in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by year 2030.

The Coalition works towards its strategic priorities through holding Governments to account for commitments in the Statement of Intent by developing and promoting advocacy messages and building on the strengths of individual member organisations. By working cooperatively and strategically, the Coalition aims to maximise successes, support Aboriginal community self-determination, advocate collectively and share capacity. The Coalition is coordinated by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), and currently has over 20 member organisations.

For more information about the Coalition for Aboriginal Health Equality and its membership, go to: <http://www.vaccho.org.au/policy-advocacy/coalition/p/>

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### Now more than ever: A real commitment to Closing the Gap

In the lead up to the 2014 Victorian State Election, it is vital that all sides of the political spectrum show real commitment to Aboriginal health. The Coalition for Aboriginal Health Equality Victoria urges all political parties to maintain and strengthen their efforts towards closing the gap in Aboriginal health outcomes in Victoria, via:

- ✓ A renewed commitment to partnership with the Commonwealth to close the gap in Aboriginal and Torres Strait Islander health outcomes
- ✓ A commitment to engagement with and active participation of Aboriginal communities and their representative organisations in all aspects of their health and wellbeing
- ✓ A commitment to levels of sustained investment in infrastructure for Aboriginal Community Controlled Health Organisations commensurate with the holistic nature of ACCHO service delivery and the level of need in the community
- ✓ A human rights approach to health which includes full and active engagement of Aboriginal people and a focus on developing skills across the spectrum of cultural competency across the health system
- ✓ Strong and productive working relationships across government, Aboriginal communities and other organisations and their relevant stakeholders.

It is imperative that the momentum gained since 2008 to achieve equality of health outcomes for Aboriginal and Torres Strait Islander peoples is not lost. The Victorian Government will continue to play a vital role in this.

## Honouring our Commitment to Closing the Gap

*The Victorian Government must make a renewed commitment to partnership with the Commonwealth to close the gap in Aboriginal and Torres Strait Islander health outcomes.*

### What we want

The Coalition for Aboriginal Health Equality urges the Victorian Government to:

1. Enter into a new bilateral agreement with the Commonwealth that:
  - ✓ Focuses on the specific health needs of the Victorian Aboriginal community, including:
    - ✓ Mental health
    - ✓ Addressing the impact of racism
    - ✓ Chronic and complex conditions
  - ✓ Involves Aboriginal people, their communities and representative organisations in planning, implementation and evaluation
  - ✓ Maintains and builds on the momentum of previous partnership agreements
  - ✓ Has robust and transparent reporting frameworks
2. Take leadership at the Council of Australian Government (COAG) and the Australian Health Ministers Conference (AHMC) to ensure that Aboriginal and Torres Strait Islander health outcomes are an agenda item.
3. Ensure that ongoing collaborative efforts in Aboriginal and Torres Strait Islander Health are discussed, recorded and made publicly available at all COAG and AHMC meetings

### Policy Context: Why We Want It

There is bipartisan support at all levels of government for closing the gap in life expectancy and health outcomes for Aboriginal and Torres Strait Islander people. However, this cannot be achieved without sustained and consistent effort.

In 2008, Victoria along with the Commonwealth made a commitment to addressing Aboriginal and Torres Strait Islander disadvantage, by signing the *Statement of Intent to Close the Gap in Indigenous Health Outcomes*.

Through the *Statement of Intent* Victoria committed to “developing a comprehensive, long-term plan of action that is targeted to need, evidence-based and capable of addressing the existing inequities in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-indigenous Australians by 2030.”

State and Commonwealth governments also made commitments to work in partnership on “Closing the Gap” through a series of agreements at the Council

of Australian Governments (COAG). The overarching *National Indigenous Reform Agreement (NIRA)* sets out the policy principles, objectives, performance indicators and specific steps governments are taking to meet the *Closing the Gap* targets. The *Victorian Aboriginal Affairs Framework 2013-18 (VAAF)*, Victoria’s whole-of-government framework, is aligned with the NIRA.

The NIRA was previously underpinned by a number of special-purpose National Partnership Agreements including *Closing the Gap in Indigenous Health Outcomes*<sup>1</sup>, which expired in June 2013. Through this NPA, Victoria committed to action in five priority areas: preventive health, primary health care, hospital and hospital-related care, patient experiences and sustainability.<sup>7</sup> *Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012-2022*, is the new framework under which Victorian health services will continue to build on the work undertaken through *Closing the Health Gap*.<sup>8</sup>

Koolin Balit commits Victoria to six priority areas across the life cycle; a healthy start to life, healthy childhood, healthy transition to adulthood, caring for older people, addressing risk factors, and managing care better with effective services.<sup>9</sup>

Many of the desired outcomes under the *Statement of Intent*, the *NIRA*, *VAAF* and *Koolin Balit* cannot be achieved without sustained and consistent efforts by all levels of government. However, the current political environment for state and Commonwealth collaboration on Aboriginal health is uncertain. The COAG Reform Council has been disbanded and National Partnership Agreements on Aboriginal health expired in June 2013.

The Commonwealth Government has also announced the development of a Federalism white paper by the end of 2015, which will redefine Commonwealth, state and territory responsibilities and is likely to place more responsibility for health and social services on the jurisdictions.

Despite the historic commitment to *Closing the Gap*, the 2014 Federal contains \$534 million in cuts to Indigenous programs over 5 years, including cuts to evidence based lifestyle prevention programs such as tobacco cessation.

The Coalition for Aboriginal Health Equality Victoria congratulates successive Victorian governments on their commitments to health equality. However, in order for Aboriginal Health to truly be everyone's business, Victoria must continue to work in partnership with the Commonwealth. It is imperative that improvements to Aboriginal health data sets, increased mainstream service provider responsibilities and momentum gained under *Closing the Gap* are not lost.

## Victorian Aboriginal Health

*In 2012-13, almost 1 in 3 (32%) of Aboriginal Victorians aged 18 years and over had experienced high or very high levels of psychological distress; making them more likely than Aboriginal people living elsewhere in Australia to have associated mental and physical health conditions.<sup>1</sup>*

*Victorian Aboriginal people are more likely to experience the ongoing impacts of forced removal than Aboriginal people living in other jurisdictions. In 2008, 13% of Aboriginal Victorians had been removed from their natural families and almost half (47%) had a relative removed.<sup>2</sup>*

*In research conducted in 2012, 97% of Aboriginal Victorians surveyed had experienced racism in the last 12 months and 70% had experienced eight or more racist incidents. Researchers found a strong correlation between individuals' experiences of more than 11 incidences of racist behaviour, and poor mental health outcomes.<sup>3</sup>*

*In 2012-13, 26% of Aboriginal Victorians had no current long-term health conditions, in comparison, across Australia, almost 1 in 3 (33%) of Aboriginal and Torres Strait Islander people did not have a long-term health condition.<sup>4</sup>*

*Between 2008–09 and 2009–10, Aboriginal Victorians were hospitalised at eight times the rate of non-Aboriginal Victorians from diabetes and at almost twice the rate from respiratory diseases.<sup>5</sup>*

## Vibrant, healthy, self-determining Aboriginal communities

*A Victorian Government commitment to engagement with and active participation of Aboriginal communities and their representative organisations in all aspects of their health and wellbeing.*

### What we want

The Coalition for Aboriginal Health Equality recommends that:

4. The Victorian Department of Health strengthen engagement with the ACCHO sector in Victoria by adapting and adopting the Aboriginal Roundtable and Community Conversations model employed by the Department of Human Services
5. The Victorian government ensures Aboriginal community input into policy development and implementation for initiatives aimed at improving the health outcomes of Aboriginal Victorians, including:
  - ✓ strategy development and priority setting
  - ✓ implementation, and
  - ✓ identification of appropriate indicators, monitoring and evaluation

### Policy Context: Why We Want It

Consecutive Victorian Governments have committed to the principles of engagement and consultation with Aboriginal communities and their representative bodies, via:

- signing the *Statement of Intent*
- the *Victorian Aboriginal Inclusion Framework and the Victorian Aboriginal Affairs Framework*
- The creation of *Koolin Balit* and
- the Victorian Advisory Council on Koori Health

The *Statement of Intent* commits Victoria to ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs. The Victorian Aboriginal Inclusion Framework and the Victorian Aboriginal Affairs Framework

The Victorian government must ensure Aboriginal community input into priority setting, identification of appropriate indicators and the evaluation of outcomes for all initiatives aimed at improving the health outcomes of Aboriginal and Torres Strait Islander Victorians.

A pre-existing successful model which could be adapted and adopted to build this partnership exists through the Department of Human Services *Human Services Aboriginal Strategic Framework 2013–2015*. Under the Framework, DHS commits to genuine and reciprocal partnerships between the mainstream sector and Aboriginal organisations, and to ensuring that Aboriginal peoples are actively engaged in contributing to the development of policy and strategy.

DHS achieves this by a state-wide coordinating body composed of all Victorian Aboriginal organisations funded by the Department, and through regular 'Community Conversations' between mainstream organisations and communities, held regionally across Victoria.

The Coalition for Aboriginal Health Equality Victoria strongly recommends that the Department of Health emulate this approach, to encourage a consistency and inclusiveness across the state.

***In the Aboriginal definition of health, health and well-being are recognised as determining all aspects of life. Realisation of the Aboriginal definition of health and enabling self-determination require the leadership of Aboriginal and Torres Strait Islander peoples and their representative bodies at all stages in the planning, implementation and evaluation of action to address their holistic health needs, including the social determinants of health.***

# A thriving health sector for the health and wellbeing of all Aboriginal Victorians

*A whole-of-government approach committed to levels of sustained investment in infrastructure for Aboriginal Community Controlled Health Organisations, commensurate with the holistic nature of ACCHO service delivery and the level of need in the community.*

## What we want

The Coalition for Aboriginal Health Equality strongly recommends that:

6. The Victorian Government make a substantial commitment to infrastructure and capacity funding for all Victorian Aboriginal Community Controlled Health services provided via a funding pool of \$50 million over four years, funded by the Victorian government as part of a renewed commitment to closing the gap in health outcomes and life expectancy for Aboriginal Victorians.

## Policy Context: Why We Want It

There is strong evidence of the link between access to appropriate primary health care and improved health outcomes for Aboriginal and Torres Strait Islander people.<sup>10</sup> In Victoria, 24 Aboriginal Community Controlled Health Organisations (ACCHOs) provide health and welfare services to the Aboriginal community. The capacity of each ACCHO to meet the many and complex needs of its clients, regardless of population size, is vital.<sup>11</sup>

Under the *Statement of Intent*, Victoria committed to ensuring primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging the gap in health standards by 2018 and to supporting and developing Aboriginal and Torres Strait Islander community-controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.

However, few ACCHOs in Victoria have directly benefitted from infrastructure investments under *Closing the Gap* and those which have been successful in gaining funds have often done so in competition with mainstream services, through Commonwealth initiatives such as the Rural and Remote Health Infrastructure program.<sup>12</sup>

In Victoria, provision of infrastructure funding through the Department of Planning and Community Development (DPCD) Community Infrastructure program ceased in June 2011.<sup>13</sup>

A recent study into funding for the Aboriginal Community Controlled Health Sector commissioned by the National Aboriginal Community Controlled Health Organisation (NACCHO) found that “funding for the Aboriginal Community Controlled Health sector is not based on health needs, population growth, and demand for services, inflation or jurisdictional equity. These indicators suggest poor health system performance against government performance framework measures of equity, effectiveness and efficiency.”<sup>14</sup>

The workforce in the Aboriginal health sector expanded

***“Funding for the Aboriginal Community Controlled Health sector is not based on health needs, population growth, and demand for services, inflation or jurisdictional equity”***

significantly under *Closing the Gap*<sup>15</sup> and while the increase to capacity was welcomed, it also created unintentional strain on existing service capacity and infrastructure. Likewise, the Victorian Aboriginal population is growing rapidly, at a rate second only to the population in Queensland; this places additional capacity demands on services. Limitations due to lack of capacity and infrastructure have resulted in an inability in ACCHOs to take on new programs, provide additional services or partner with other organisations for health service delivery. Adverse flow on effects of the lack of infrastructure and capacity in Victorian ACCHOs include:

- Significant barriers to development of clinical placement capacity for health professionals A lack of physical space and capacity to house prevention programs and Chronic Disease Management activities,
- A greater risk of ACCHOs being forced to refuse the offer of additional funding/joint work opportunities.

In Victoria, there is known need for capital improvements for Aboriginal Community Controlled Organisations, calculated from the Aboriginal Affairs Victoria report, *Assessment of the Current and Future Infrastructure Requirements of Key Indigenous Organisations in Victoria*.

This research, completed in early 2013, showed a need for over \$118 million in infrastructure and capital works over a ten year period. An initial commitment by the Victorian Government of \$50 million over four years would go a substantial way towards meeting this need. The Coalition for Aboriginal Health Equality strongly recommends that funding provided for capital and infrastructure needs should also take into account projected Victorian Aboriginal population growth and demand for services, and allow for growth in line with inflation rates.

## A culturally safe health system

**Commitment to a human rights approach to health which includes full and active engagement of Aboriginal people and a focus on developing skills across the spectrum of cultural competency across the health system.**

### What we want

The Coalition for Aboriginal Health Equality strongly recommends that:

7. The Victorian government honour commitments under the Statement of Intent and implement the recommendation of the Victorian Auditor General's Report into Accessibility of Mainstream Services for Aboriginal Victorians through the creation of a comprehensive Cultural Safety for Aboriginal Health Strategy. This Strategy should include:
  - ✓ Expansion of clinical placements in community controlled organisations, including:
    - ✓ Providing additional placements for GPs, allied health, nursing and midwifery professionals
    - ✓ Expansion of the physical capacity of ACCHOs
    - ✓ Increasing the human resources in ACCHOs to host placements
  - ✓ Funding the further development and expansion of Cultural Safety Training in Aboriginal health for delivery by the Victorian Community Controlled Health Sector to state-funded service providers
  - ✓ Piloting whole-of-service Cultural Safety accreditation mechanisms for state funded services
8. Support and develop the health literacy of Aboriginal Victorians, via:
  - ✓ Engaging with Aboriginal Community Controlled Health Organisations to develop key priorities in addressing health literacy issues for Aboriginal Victorians
  - ✓ Providing additional supports for the development of Aboriginal-specific consumer health information

### Policy Context: Why We Want It

The Victorian Government is committed to ensuring that services provided to Aboriginal clients are safe, positive, welcoming, culturally appropriate and non-discriminatory, in both the physical provision of services and the terms and conditions upon which services are provided. Cultural Safety is also a legislated Duty of Care for state funded health service providers in Victoria.

Cultural safety is essential to ensuring that all health services in Victoria meet the stated intention of Victoria's commitment to *Closing the Gap*. The Coalition for Aboriginal Health Equality Victoria is committed to promoting sustainable, culturally safe models of health service delivery for Aboriginal and Torres Strait Islander Victorians and advocating for a systems level approach to cultural safety.

Cultural awareness and cultural safety training which is well designed and based on best practice, which

addresses false beliefs and focuses on changing behaviours, has been shown to effectively reduce prejudice and false perceptions of Aboriginal and Torres Strait Islander people.<sup>16</sup> The *Review of Australian Government Health Workforce Programs* recommended that cultural education should be part of the ongoing training of all health practitioners in their formalised continuing professional development.<sup>17</sup>

Under *Closing the Gap* Victoria committed to ensure access by Aboriginal and Torres Strait Islander people to comprehensive and co-ordinated health care, provided by a "culturally competent health workforce within a broader health system that is accountable for Indigenous health needs, in genuine partnership with the people and communities they target; and to build service reach and influence to re-engage the most vulnerable Indigenous people into mainstream and targeted health services". The focus on cultural competency in state funded services was also reflected in Victoria's *Closing the Health Gap* implementation plan.

However, the Victorian Auditor General's Report, *Accessibility of Mainstream Services for Aboriginal Victorians*, showed that:

- Existing guidelines such as the Victorian Aboriginal Affairs Framework's service access criteria are not being systematically implemented.
- Aboriginal Inclusion Action Plans have not been finalised across all government agencies
- Data collection and recording processes need improvement
- The Victorian Department of Premier and Cabinet needs to provide "more active leadership and direction" to ensure compliance with existing frameworks.<sup>18</sup>

Navigation of the health system for Aboriginal Victorians requires not only a transparent, culturally safe and accessible health system but self-empowerment through health literacy.<sup>19</sup> Research cited in the Victorian *Metropolitan Health Plan (2011)* noted that only 41% of the Australian population has an appropriate level of health literacy.<sup>20</sup> Yet there is an increasing focus, particularly in Commonwealth funded initiatives<sup>21</sup>, on "Consumer Directed Care", which assumes a level of health literacy that many people in the population, particularly those from disadvantaged population groups, simply do not possess.

Development of Aboriginal communities' health literacy skills is essential for informed choice, and consistent with a human rights approach to health. In addition, health literacy is a vital skill in individuals' self-management of complex chronic health conditions and co-morbidities, which are prevalent amongst Aboriginal and Torres Strait Islander communities.

The Department of Health is currently developing health literacy initiatives in line with the *Victorian Health Priorities Framework*, including strategies for priority population groups who experience health inequalities<sup>22</sup>. There is no evidence that consultation with Aboriginal community has occurred to date; Aboriginal Victorians should be a priority population in the Victorian Government's efforts to improve health literacy.

***The Coalition for Aboriginal Health Equality Victoria is committed to promoting sustainable, culturally safe models of health service delivery for Aboriginal and Torres Strait Islander Victorians and advocating for a systems level approach to cultural safety***



## Making Aboriginal Health everybody's business: meaningful partnerships

*Strong and productive working relationships across government, Aboriginal communities and other organisations and their relevant stakeholders.*

### What we want

The Coalition for Aboriginal Health Equality recommends that:

9. The Victorian Government acknowledge Aboriginal community-controlled health organisations as leaders in culturally appropriate care in all health program initiatives designed for Aboriginal people, by supporting equitable partnerships between ACCHOs and mainstream services
10. The Victorian Government more proactively employ existing frameworks and encourage uptake of organisation-wide approaches to Aboriginal health, underpinned by cultural safety, in all state funded services, including hospitals, integrated and free standing community health services.

### Policy Context: Why We Want It

Partnership is at the core of commitments to closing the life expectancy and health outcomes gaps between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. Through signing the *Statement of Intent*, Victoria committed to achieving improved access to and outcomes from mainstream services for Aboriginal and Torres Strait Islander peoples.

Partnership approaches to the delivery of care to Aboriginal Victorians must ensure equity between partners. Where Aboriginal Community Controlled Health Organisations are partnered with mainstream organisations to deliver state-funded services, ACCHOs should play a central role as the experts in culturally appropriate care. Contract and partnership arrangements should ensure that roles and responsibilities of each partner are clear and where competitive tendering processes are employed, preference should be given to applicants with a strong history of equitable partnerships with the community controlled sector.

There is evidence available on successful approaches to partnership and there are also existing frameworks in place in Victoria to support stronger partnerships with Aboriginal communities and organisations.

The Final Evaluation Report on the *Closing the Gap in Aboriginal Health Outcomes Initiative* found that effective and successful approaches to Aboriginal health under this initiative were characterised by:

- Clear and visible leadership by CEOs and senior staff in community controlled and mainstream organisations
- Consultation with and ownership by Aboriginal communities
- Investment of time and personal commitment to developing organisational relationships and partnerships between mainstream and community-controlled organisations.<sup>23</sup>

***Our challenge for the future is to embrace a new partnership between Indigenous and non-Indigenous Australians. The core of this partnership for the future is closing the gap between Indigenous and non-Indigenous Australians on life expectancy, educational achievement and employment opportunities. This new partnership on closing the gap will set concrete targets for the future.***

***Apology to Australia's Indigenous Peoples, 13 February 2008***

Victoria is very fortunate to have in place robust frameworks, tools and guidelines for partnership, including the *Victorian Aboriginal Inclusion Framework*, the *VCOSS Partnership Guide*<sup>24</sup> and the *VicHealth Partnerships Analysis Tool*<sup>25</sup>

The *Victorian Government Aboriginal Inclusion Framework* provides guidelines to partnership with Aboriginal organisations across the organisational areas of Leadership and Governance, Policy Development, Programs & Services, Workplace Diversity and Communications.<sup>26</sup> However, the recent Audi General's report into mainstream service provision for Aboriginal Victorians found that Aboriginal Inclusion Action Plans have not been finalised across all government agencies.

Many state funded services including hospitals and community health are also already actively engaged in developing Reconciliation Action Plans and developing partnerships with ACCHOs. The next Victorian Government must maintain the momentum on this work at the state level, in partnership with the community-controlled health sector.

## Footnotes

1. COAG (2008), National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes. Permanent URL: [http://www.federalfinancialrelations.gov.au/content/npa/health\\_indigenous/ctg-health-outcomes/national\\_partnership.pdf](http://www.federalfinancialrelations.gov.au/content/npa/health_indigenous/ctg-health-outcomes/national_partnership.pdf)
2. ABS 2012-13 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)
3. ABS 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS)
4. Ferdinand et al (2012) Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey, The Lowitja Institute, Melbourne.
5. ABS 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (NATSIHS)
6. Australian Institute of Health and Welfare (2010). Contribution of chronic disease to the gap in adult mortality between Aboriginal and Torres Strait Islander and other Australians. Canberra: AIHW.
7. Ibid, pp. 7-8.
8. Urbis (2014) Closing the Gap in Aboriginal Health Outcomes Initiative: Final Evaluation Report, prepared on behalf of the Victorian Government, January 2014. Permanent URL: [http://docs.health.vic.gov.au/docs/doc/89E4AC017133180DCA257C840004691F/\\$FILE/Final\\_report.pdf](http://docs.health.vic.gov.au/docs/doc/89E4AC017133180DCA257C840004691F/$FILE/Final_report.pdf)
9. Department of Health Victoria (2012), Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012-2022. Permanent URL: <http://www.health.vic.gov.au/aboriginalhealth/koolinbalit.htm>
10. Osborne et al, (2013) What works? A review of actions addressing the social and economic determinants of Indigenous Health, Issue Paper No. 8, AIHW Closing the Gap Clearing House, p. 49. Griew et al (2008) The link between primary health care and health outcomes for Aboriginal and Torres Strait Islander Australians.
11. "Capacity" refers to a service's ability to procure additional infrastructure, which is dependent on a broad range of underlying mechanisms being in place, including accreditation, adequate human resources and sound executive, governance and financial skills.
12. Several ACCHOs successfully applied for the National Rural and Remote Health Infrastructure Program (NRRHIP)
13. See DPCD: Indigenous – Community Infrastructure program. URL: <http://www.dpcd.vic.gov.au/indigenous/community-infrastructure-program>
14. Alford, K (2014) Investing in Aboriginal Community Controlled Health makes Economic Sense, report commissioned by the National Aboriginal Community Controlled Health Organisation, p. 7.
15. For example, Indigenous Health Project officers and Indigenous Outreach Workers in Divisions (now Medicare Locals) and ACCHOs
16. Osborne et al, (2013) What works? A review of actions addressing the social and economic determinants of Indigenous Health, Issue Paper No. 8, AIHW Closing the Gap Clearing House, p. 47.
17. Review of Australian Government Health Workforce Programs (2013) p. 197
18. Victorian Auditor General's Office (2014) Accessibility of Mainstream Services for Aboriginal Victorians, Recommendations, p. xiv
19. Health literacy encompasses a range of skills, including the capacity to read, critically analyse and understand health information.
20. Department of Health Victoria (2011) Metropolitan Health Plan – Technical Paper, pp. 57-8. Permanent URL: [http://docs.health.vic.gov.au/docs/doc/8606DB9846271545CA25789B00770619/\\$FILE/MHP%20Technical%20Paper%20Final%20May%202011.pdf](http://docs.health.vic.gov.au/docs/doc/8606DB9846271545CA25789B00770619/$FILE/MHP%20Technical%20Paper%20Final%20May%202011.pdf)
21. Such as the Aged Care reforms and the National Disability Insurance Scheme.
22. Victorian Department of Health (2014) Health literacy: Enabling communication and participation in health. URL: [http://docs.health.vic.gov.au/docs/doc/1CE71CFA6CED9A88CA257C82007ED287/\\$FILE/Health%20literacy%20enabling%20communication%20and%20participation%20in%20health.pdf](http://docs.health.vic.gov.au/docs/doc/1CE71CFA6CED9A88CA257C82007ED287/$FILE/Health%20literacy%20enabling%20communication%20and%20participation%20in%20health.pdf)
23. Urbis (2014) Closing the Gap in Aboriginal Health Outcomes Initiative: Final Evaluation Report, p. iii. [http://www.vcross.org.au/documents/VCOSS%20docs/HSPIC/00911\\_vcross\\_partner\\_guide\\_1\\_WEB.pdf](http://www.vcross.org.au/documents/VCOSS%20docs/HSPIC/00911_vcross_partner_guide_1_WEB.pdf)
24. <http://www.vichealth.vic.gov.au/partnerships>
25. Department of Premier & Cabinet: Aboriginal Inclusion Framework. URL: <http://www.dpc.vic.gov.au/index.php/aboriginal-affairs/aboriginal-affairs-policy/aboriginal-inclusion>