

Commonwealth Games briefing paper:

Aboriginal and Torres Strait Islander Health

Australia is an affluent nation currently enjoying a record Federal budget surplus¹. Our health system is amongst the best in the world². Life expectancy is the fifth best in the world and we rank highly in international comparisons of health status³. But look more closely and it becomes clear that we have dropped the baton when it comes to the health of Aboriginal and Torres Strait Islanders.

While most Australians are living longer than ever before, Indigenous Australians are dying almost 20 years before other Australians, and experience disability and reduced quality of life due to poor health at much higher rates. Small improvements have been made in some areas of Indigenous health over the last decade but these are not enough. Indigenous health gains have not kept pace with those of the rest of the Australian population, meaning that a large gap in health standards remains between Indigenous and non-Indigenous Australians⁴.

“Overall, Australians enjoy amongst the highest standard of health and life expectancy in the world. By comparison, Indigenous Australians have a life expectancy less than that of many developing countries.”

Olga Havnen - Former Manager, Indigenous Programs, Fred Hollows Foundation⁵.

¹ The Federal budget surplus was \$13.6 billion at 30 June 2005 (Human Rights and Equal Opportunity Commission Aboriginal and Torres Strait Islander Social Justice Commissioner (HREOC). 2005. *Social Justice Report 2005*. Sydney: Human Rights and Equal Opportunity Commissioner, p68). Report available online at:

<http://hdr.undp.org/http://www.humanrights.gov.au/social%5Fjustice/sjreport05/>

² See *World Health Report 2000 — Health Systems: Improving Performance*. Geneva: World Health Organisation. Available online at: <http://www.who.int/whr/en/>; United Nations Human Development Reports available online at: <http://hdr.undp.org/>; Alford, K. 2005. *Comparing Australian with Canadian and New Zealand Primary Care Health Systems in Relation to Indigenous Populations: Literature Review and Analysis*. Melbourne: Onemda VicHealth Koori Health Unit. Discussion Paper No. 13 July 2005, p13.

³ Watkins, Kevin et al, 2005. *Human Development Report 2005*, New York: Oxford University Press for the United Nations Human Development Programme, pp219-222 — hereafter cited as UNHDR, 2005. See also annual World Health Reports available online at: <http://www.who.int/whr/en/> and United Nations Human Development Reports available online at: <http://hdr.undp.org/>

⁴ Human Rights and Equal Opportunity Commission Aboriginal and Torres Strait Islander Social Justice Commissioner (HREOC). 2005. *Social Justice Report 2005*. Sydney: Human Rights and Equal Opportunity Commission, p10. Report available online at: <http://www.humanrights.gov.au/social%5Fjustice/sjreport05/>

⁵ Quoted in Brennan, Sean. 2004. *Could a Treaty make a Practical Difference in People's Lives? The Question of Health and Well-being*. Gilbert + Tobin Centre of Public Law, University of New South

International comparisons demonstrate Australia must and can do more to improve the health of our Indigenous citizens, including implementing lessons from Commonwealth neighbours, who share similar histories and social and economic circumstances, such as Canada and New Zealand⁶. In these countries there have been rapid and dramatic improvements in the health of their Indigenous citizens over the last few decades. Achievements here in Australia also show us success is possible⁷.

Australian governments must find the political will to make Indigenous health a national priority. An investment now will reap dividends in the improved health of Indigenous Australians. Along with a commitment to the human rights of Indigenous Australians, this will reap dividends for all of us in the improved health of the nation.

Indigenous Australian health at a glance

There are around 458,520 Aboriginal and Torres Strait Islander people in Australia, or approximately 2.4% of the total Australian population. More than half of all Indigenous Australians live in New South Wales and Queensland. The greatest number live in New South Wales (134,888) while the highest proportion live in the Northern Territory (about 29% of residents). The majority of Indigenous Australians live in major cities and regional areas, but 27% live in remote regions of Australia, compared with only 2% of other Australians. Poor health affects Indigenous Australians across these ranges of circumstances — in urban, rural and remote areas⁸.

Life expectancy

Aboriginal and Torres Strait Islander Australians can expect to live 17–18 years less than other Australians. Indigenous life expectancy at birth is estimated as 59 years for Indigenous men and 65 years for Indigenous women compared to 77 years for non-Indigenous men and 82 years for non-Indigenous women⁹. This is comparable to the life expectancy that applied to non-Indigenous Australians almost 100 years

Wales. The Treaty Project Issues Paper No. 4, December 2004, p5. Paper available online at: http://www.gtcentre.unsw.edu.au/publications/docs/treatyPapers/Issues_Paper4.pdf

⁶ See Alford, Katrina. 2005. *Comparing Australian with Canadian and New Zealand Primary Care Health Systems in Relation to Indigenous Populations: Literature review and analysis*. Onemda VicHealth Koori Health Unit, University of Melbourne, Discussion Paper No. 13, July 2005. pp8-12, for a discussion of the similarities and differences across Australia, Canada and New Zealand.

⁷ Dwyer, Silburn, and Wilson, 2004. *National Strategies for Improving Indigenous Health and Health Care*. Aboriginal and Torres Strait Islander Primary Health Care Review: Consultant Report No 1. Canberra: Commonwealth of Australia. Report available online at: [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-reviewphc.htm/\\$FILE/1national.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-reviewphc.htm/$FILE/1national.pdf), pp91-106

⁸ HREOC, 2005, cited above, p3; also Australian Institute of Health and Welfare (AIHW) 2004. *Australia's Health 2004*. Canberra: AIHW, p196. Report available online at: <http://www.aihw.gov.au/publications/aus/ah04/ah04-050222.pdf>

⁹ Standing Committee on Aboriginal and Torres Strait Islander Health and Statistical Information Management Committee (SCATSIHSMC) 2006. *National Summary of the 2003 and 2004 Jurisdictional Reports against the Aboriginal and Torres Strait Islander Health Performance Indicators*. AIHW cat. no. IHW 16. Canberra: Australian Institute of Health and Welfare, p48. Report available online at: <http://www.aihw.gov.au/publications/index.cfm/title/10234>

ago¹⁰ and to current life expectancies in much poorer Commonwealth countries such as India, Pakistan, Bangladesh and Guyana¹¹. An Indigenous Australian man has between a 34% and 37% chance of dying before the age of 55¹².

“That an Indigenous child born today in Brewarrina, Western NSW, is going to have a shorter life than a child born in remote rural Bangladesh or Mozambique must give us something serious to think about.”

Phil Glendenning, Australians for Native Title and Reconciliation National President¹³

Life expectancy of other Indigenous populations

The health of Indigenous people in Commonwealth countries with similar histories and socio-economic circumstances to Australia, such as New Zealand and Canada, are still poor by comparison to their non-Indigenous populations, but there is some evidence that they are doing better than Australia¹⁴.

Indigenous Australians have a life expectancy about 10 years less than Indigenous people in New Zealand and Canada. The life expectancy of Maori for 2000–2002 was 69 years for men and 73.2 years for women, while the life expectancy of Canadian First Nations people in 2000 was 68.9 years for men and 76.6 years for women¹⁵.

About 30 years ago, the life expectancy for Canadian First Nations, New Zealand Maori and United States Indians was similar to that of Aboriginal and Torres Strait Islander Australians. However, in each of these countries, significant improvement in Indigenous life expectancy has been made since then, while Australia has lagged behind.¹⁶

“We haven’t seen the improvements in health outcomes that have been seen in other Indigenous populations across the world and we have to ask the question ‘why’.”

Professor Ian Anderson, Aboriginal doctor and medical researcher and Director, VicHealth Koori Health Unit, University of Melbourne¹⁷.

¹⁰ HREOC, 2005. cited above, p71; also Australian Medical Association (AMA), 2002. *Public Report Card 2002: Aboriginal and Torres Strait Islander Health – No More Excuses*, p2. Available online at: [http://www.ama.com.au/web.nsf/doc/WEEN-5GB4BW/\\$file/Indigenous%20Report.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-5GB4BW/$file/Indigenous%20Report.pdf)

¹¹ UNHDR, 2005, cited above, pp219-222; See also Human Rights and Equal Opportunity Commission (HREOC), n.d. *A Statistical Overview of Aboriginal and Torres Strait Islander Peoples in Australia*. Published online at:

http://www.humanrights.gov.au/social_justice/statistics/index.html

¹² SCATSIH SIMC, 2006, cited above, p208

¹³ Australians for Native Title and Reconciliation (ANTaR). 2004. *Third World Health in the Lucky Country*. Appeal and information pamphlet, May 2004. Further information on Indigenous Health issues is available at ANTaR’s website: www.antar.org.au

¹⁴ See Alford, 2005, cited above; Ring and Brown 2002, cited above; also AMA 2002, cited above.

¹⁵ SCATSIH SIMC, 2006, cited above, p49; See also Human Rights and Equal Opportunity Commission (HREOC), n.d. *A Statistical Overview of Aboriginal and Torres Strait Islander Peoples in Australia*. Published online at:

http://www.humanrights.gov.au/social_justice/statistics/index.html

¹⁶ HREOC, n.d, cited above.

¹⁷ Quoted in Brennan, 2004, cited above, p5

Death rates

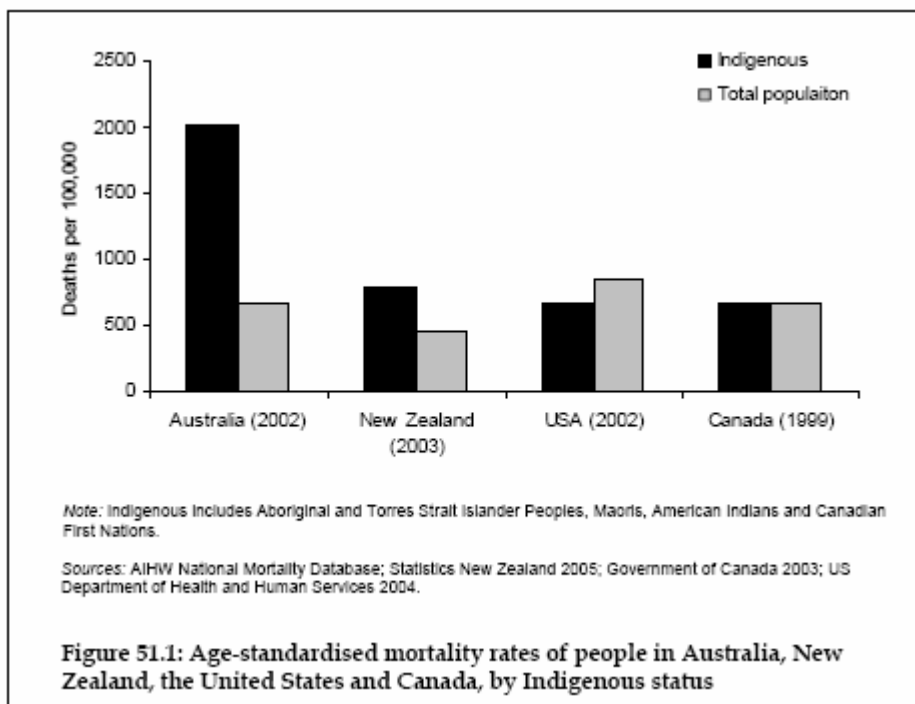
While there is some evidence of health improvements which will lead to a decline in mortality in some areas of Australia¹⁸, Indigenous adults still die at three times the rate of the rest of the Australian population¹⁹.

The major causes of early adult deaths among Aboriginal and Torres Strait Islander Australians are chronic diseases such as diabetes, circulatory diseases (including rheumatic heart disease), cancer and respiratory system diseases.

Death rates from diabetes are between seven and 20 times as high as the rates in the non-Indigenous population; from circulatory system diseases, four to five times the rate in the non-Indigenous population; from respiratory diseases, between five and six times as high; and from lung cancer between two and three times as high²⁰.

Death rates of other Indigenous populations

Death rates among Indigenous Australians (2,026 per 100,000 in 2002) are two and a half times those of New Zealand Maori (796 per 100,000 in 2003), and three times those of Canadian First Nations (662 per 100,000 in 1999) and American Indians (677 per 100,000 in 2002)²¹. These figures, and the much higher death rates among Aboriginal and Torres Strait Islander people compared to that of all Australians²², are shown in the graph below.



¹⁸ Dwyer, Silburn, and Wilson, 2004, cited above, ppxi

¹⁹ HREOC, 2005, cited above, p18; SCATSIHSIMC, 2006, cited above, p214.

²⁰ SCATSIHSIMC, 2006, cited above, pxxvi

²¹ SCATSIHSIMC, 2006, cited above, p214

²² SCATSIHSIMC, 2006, cited above, p214 (including graph)

“Death rates of the NZ Maori and the Indigenous peoples of Canada dropped by 30% in the 1970s. Over a 40-year period, the health of the Indigenous populations of the United States improved twice as rapidly as that of the non-Indigenous population. Australia can do the same, and that should be our aim.”

Professor Ian Ring, Professorial Fellow, Centre for Health Services Development, University of Wollongong and Dr Ngaire Brown, Assistant Director, Indigenous Health, Menzies School of Health Research, Darwin ²³

Infant mortality

While the mortality rates for Aboriginal and Torres Strait Islander infants are quite good in comparison with many Commonwealth countries²⁴, and have improved in recent years²⁵, babies of an Aboriginal or Torres Strait Islander mother are still more than twice as likely to die within the first year of life as babies born to other Australian mothers.

Indigenous Australian infant mortality rates are comparable to less affluent Commonwealth countries such as Zambia and Sri Lanka²⁶, but are generally better than many Commonwealth nations. The most relevant comparisons in this instance, however, are the comparisons with non-Indigenous Australians and with Indigenous populations in similar countries elsewhere in the world.

“Each year 83 Indigenous children die because they are Indigenous.”

Australian Medical Association 2005²⁷

Infant mortality among other Indigenous populations

The mortality rate for Aboriginal and Torres Strait Islander infants in Australia in 2002 was 11.4 per 1,000. This was higher than amongst New Zealand Maori (6.8 per 1,000 births in 2003), Canadian First Nations people (6.4 per 1,000 births in 2000), and American Indians (8.6 per 1,000 births in 2000).

The difference in infant mortality rates between the Indigenous and total populations was also much higher in Australia than in New Zealand, Canada or the United States, as shown in the graph on the following page. Despite improvements in this area in the last few decades, Aboriginal and Torres Strait Islander infants still die at more than twice the rate of all Australian infants²⁸.

²³ Ring, Ian and Brown, Ngaire, 2002. “Indigenous health: chronically inadequate responses to damning statistics” *Medical Journal of Australia* 177 (11), p630. Paper available online at: http://www.mja.com.au/public/issues/177_11_021202/rin10435_fm.html

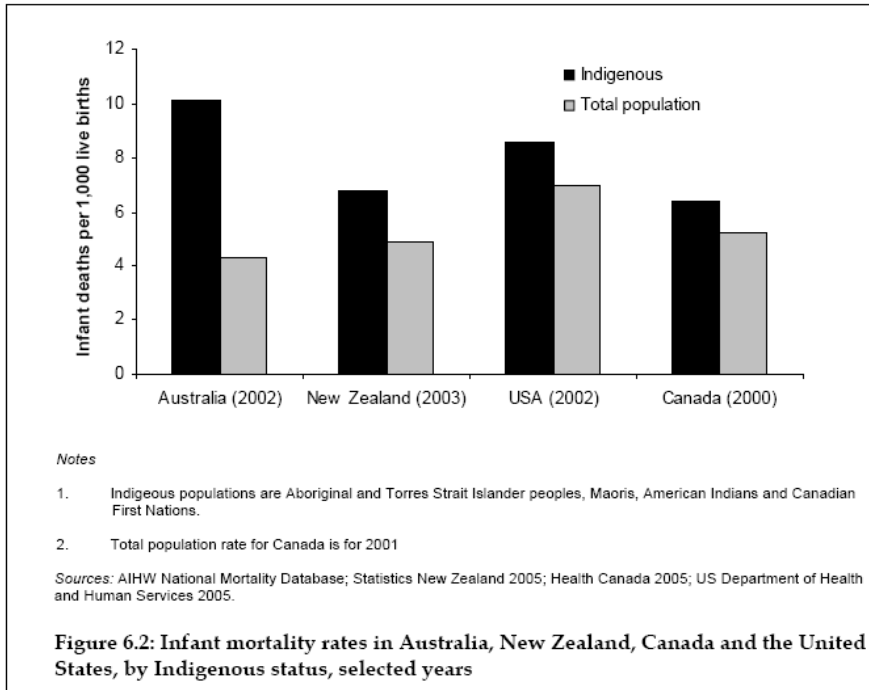
²⁴ UNHDR, 2005, cited above, pp250-253

²⁵ Australian Medical Association (AMA), 2002. *Public Report Card 2002: Aboriginal and Torres Strait Islander Health – No More Excuses*, p1 Available online at: [http://www.ama.com.au/web.nsf/doc/WEEN-5GB4BW/\\$file/Indigenous%20Report.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-5GB4BW/$file/Indigenous%20Report.pdf); also Ring and Brown, 2002, cited above, p629.

²⁶ SCATSIHSMC, 2006, cited above, p50; also UNHDR, 2005, pp 250-253

²⁷ Australian Medical Association, 2005. *Lifting The Weight - Low Birth Weight Babies: An Indigenous Health Burden That Must Be Lifted*. Report available online at: [http://www.ama.com.au/web.nsf/doc/WEEN-6CJ79V/\\$file/Reportcard_2005.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6CJ79V/$file/Reportcard_2005.pdf)

²⁸ Ring and Brown, 2002, cited above, p629; SCATSIHSMC, 2006, cited above, p51 (including graph); also AMA 2002, cited above, p2.



“Australia’s performance in achieving progress in [health] measures is poor compared to other developed countries. Improvements in life expectancy for Indigenous peoples occurred in the mid 1950s for the US and Canada and earlier in NZ. Improvements appear to have occurred through more adequate provision of primary health care, public health facilities and initiatives relating to social justice. International experience indicates that success is possible. It is unacceptable that Australia continues to lag behind.”

Australian Medical Association 2002²⁹

The solutions

“It appears that the lack of progress [on Indigenous health] can not be explained as a result of there not being any answers to the problems faced by Indigenous people — instead it appears to be a matter of taking the necessary steps to implement what are... universally agreed solutions.”

Tom Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner³⁰

Rising indicators of health for Indigenous peoples in Canada, New Zealand and the United States over the last few decades show us that improvements in Indigenous health are achievable. Some initiatives and successes in Australia also show Indigenous health standards can be turned around³¹.

There are three important ingredients:

²⁹ AMA, 2002, cited above, p2.

³⁰ HREOC, 2005, cited above, p12

³¹ See Ring and Brown, 2002, cited above; also Dwyer, Silburn, and Wilson, 2004. cited above, pp12 – 13; and 91 – 106.

1. Governments must provide resources to Aboriginal and Torres Strait Islander health at a level that matches the dire level of need.

In particular, governments must increase their investment in comprehensive primary health care for Aboriginal and Torres Strait Islander Australians.

The Australian Medical Association has said that Australia underfunds Aboriginal and Torres Strait Islander primary health care by at least \$400 million per year³². Our low spending on primary health care translates into larger costs for other parts of the health system, particularly our public hospital system. Indigenous Australians use hospitals at about twice the rate of non-Indigenous Australians because they lack good access to primary health care services which can pick up problems early³³.

“Canada, the USA and New Zealand...[each] began providing comprehensive primary health care services to their Indigenous populations much earlier than Australia, sustained higher levels of funding over a longer period of time and have significantly reduced the difference in life expectancy between their Indigenous and non-Indigenous populations”.

Judith Dwyer, Head of the Health Policy and Management Department, School of Public Health, Gai Wilson, Head of Centre for Development and Innovation in Health, and Kate Silburn, Senior Project officer, Centre for Development and Innovation in Health, La Trobe University, Melbourne³⁴

Initiatives in Australia such as coordinated care trials run in the 1990s show a decent injection of funding can have good results. In a trial site in the Tiwi Islands, a renal disease project significantly decreased the degree of people’s sickness and saved up to an estimated \$3.1 million on dialysis over three years³⁵. With a historically large budget surplus, Australia is well placed to curb the spiralling human and financial costs of preventable health problems. But funding is not the only contributor to success.

2. Governments must support Indigenous control and participation in the planning, management and delivery of health programs and services.

The coordinated care trials had a strong emphasis on Indigenous community control and involvement in decision-making, and this is considered to have been a key factor in the trials’ achievements³⁶. International evidence from Canada, the United States and New Zealand echoes these findings³⁷.

³² Access Economic, 2004. *Indigenous Health Workforce Needs*. A Report by Access Economics Pty Ltd for The Australian Medical Association. July 2004, pi. Report available online at: [http://www.ama.com.au/web.nsf/doc/WEEN-63Q9MW/\\$file/Access%20Economics%20Paper%20Indigenous%20health%20workforce%20needs.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-63Q9MW/$file/Access%20Economics%20Paper%20Indigenous%20health%20workforce%20needs.pdf).

See also AMA, 2005, *Federal Budget Submission 2006-07*, p3. Available online at: [http://www.ama.com.au/web.nsf/doc/WEEN-6J58VL/\\$file/AMA_Federal_Budget_Submission_2006-07_-_Simple_Steps_To_A_Healthier_Population.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6J58VL/$file/AMA_Federal_Budget_Submission_2006-07_-_Simple_Steps_To_A_Healthier_Population.pdf)

³³ SCATSIHSMC, 2006, cited above, p161; AMA 2002, cited above, p3.

³⁴ Dwyer, Silburn, Wilson, 2004, cited above, p1.

³⁵ Dwyer, Silburn, Wilson, 2004, cited above, p8 and 28

³⁶ KPMG Consulting, 2001. *Aboriginal and Torres Strait Islander Coordinated Care Trials: National Evaluation Summary*. Report prepared by KPMG Consulting for the Office of Aboriginal and Torres Strait Islander Health. March 2001. Canberra: Department of Health and Aged Care. Report available

Aboriginal Community Controlled Health Organisations in Australia must continue to be supported in urban, rural and remote areas, and mainstream agencies must work to improve the access and quality of services provided to Indigenous Australians through partnerships and collaboration with Indigenous organisations and communities³⁸.

Yet good health is about more than just a good standard of health care.

3. Governments must support and enable a holistic approach to health, recognising the impact that broader social and economic factors have on health.

A range of factors impact health, including income, education levels, housing and infrastructure, the extent of social support networks, as well as issues of stress and the degree and sense of control a person has over their lives³⁹. People with low socioeconomic status have higher rates of death from almost all causes⁴⁰. Given the levels of disadvantage experienced by Aboriginal and Torres Strait Islanders across almost every indicator⁴¹, Indigenous health status may appear as no surprise. But levels of disadvantage do not explain everything. Disadvantaged non-Indigenous Australians enjoy a life expectancy of about 75 years for men and 81.6 years for women, which is still 16 years longer than that of Indigenous people⁴².

Health experts suggest that other factors could be impacting on the health of Indigenous Australians including issues affecting community esteem and dignity, issues of justice, racism and discrimination, a person's perceptions and extent of control over their own life, and of the capacity for social participation and inclusion⁴³.

"Being excluded from the life of society and treated as less than equal leads to worse health and greater risks of premature death... Societies that enable all citizens to play a full and useful role in the social and economic and cultural life of their society will be healthier than where those people face insecurity, exclusion and deprivation".

World Health Organisation 2003⁴⁴

Initiatives aimed at improving health need to involve more than just the health sector, and must take a holistic approach to improved health. But we also urgently need to

online at: [http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-coord.htm/\\$FILE/coord.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-pubs-coord.htm/$FILE/coord.pdf)

³⁷ Dwyer, Silburn, Wilson, 2004, cited above, p12 - 13; see also results of The Harvard Project on American Indian Economic Development at: <http://www.ksg.harvard.edu/hpaied/>

³⁸ Dwyer, Silburn, and Wilson, 2004, cited above, pxxvi

³⁹ HREOC 2005, cited above, pp23-26; also Wilkinson and Marmot (eds), 2003, *Social Determinants of Health: The Solid Facts*, 2nd edition, Copenhagen: World Health Organisation. Report available online at: <http://www.who.dk/document/e81384.pdf>.

⁴⁰ AIHW 2004, cited above, p207

⁴¹ Steering Committee for the Review of Government Service Provision, 2005, *Overcoming Indigenous Disadvantage: Key Indicators 2005*, Canberra: Productivity Commission. Report available online at: <http://www.pc.gov.au/gsp/reports/indigenous/keyindicators2005/overview.pdf>

⁴² AIHW, 2004, cited above, p207

⁴³ AIHW, 2004, p195; HREOC, n.d, cited above; also HREOC, 2005. cited above, p25.

⁴⁴ Wilkinson and Marmot (eds), 2003, cited above, pp16 and 11. Quoted in Brennan, 2004, cited above, p3.

link improvements in Indigenous health with broader issues of human rights and social justice for Indigenous Australians, including issues relating to the fundamental relationship between Indigenous and non-Indigenous peoples and institutions.

In New Zealand, Canada and the United States, the recognition and protection of Indigenous rights in treaties or constitutions has been identified as a factor in the progression of issues of Indigenous health and wellbeing⁴⁵.

“Treaties, no matter how loosely worded, have appeared to play a significant and useful role in the development of health services, and in social and economic issues, for the Indigenous people of New Zealand, the United States and Canada”.

Professor Ian Ring, Professorial Fellow, Centre for Health Services Development, University of Wollongong and David Firman, Statistician, Health Information Centre, Queensland Health 1998⁴⁶

Beyond the statistics: the human story

“We have all heard them — the figures of death, and of disability... Every few years, (the) figures are repeated and excite attention. But I suspect that most Australians accept them as being almost inevitable. A certain kind of industrial deafness has developed. The human element in this is not recognised. The meaning of these figures is not heard — or felt.

“The statistics of infant and perinatal mortality are our babies and children who die in our arms... The statistics of shortened life expectancy are our mothers and fathers, uncles, aunties and elders who live diminished lives and die before their gifts of knowledge and experience are passed on. We die silently under these statistics....

“The gap between the numbers of our people who live and the number who should be alive is one measure of the inequality we have endured. The gap between the numbers living a healthy, socially-functional life and those living a life of pain, humiliation and dysfunction is another measure. They are both measures of our loss of elementary human rights.

“There should be no mistake that the state of Indigenous health in this country is an abuse of human rights. A decent standard of health and life expectancy equivalent to other Australians is not a favour asked by our peoples. It is our right — simply because we too are human.”

Professor Mick Dodson, Former Aboriginal and Torres Strait Islander Social Justice Commissioner, current Pacific Representative to the United Nations Permanent Forum on Indigenous Issues and Professor of Indigenous Studies, Australian National University⁴⁷

⁴⁵ Alford, K. 2005, cited above; Brennan, 2004, cited above; Ring, Ian & Firman, David. 1998.

“Reducing indigenous mortality in Australia: lessons from other countries” *Medical Journal of Australia* 169: 528-533. Available online at: <http://www.mja.com.au/public/issues/nov16/ring/ring.html>

⁴⁶ Ring, and Firman, 1998, cited above, pp528-533.

⁴⁷ Quoted in HREOC, 2005, cited above, p12

Further information

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Recent reports

Human Rights and Equal Opportunity Commission Aboriginal and Torres Strait Islander Social Justice Commissioner (HREOC). 2005. *Social Justice Report 2005*. Sydney: Human Rights and Equal Opportunity Commission. Available online at: **www.humanrights.gov.au/social_justice/sjreport05/**

This report has a major focus on Aboriginal and Torres Strait Islander Health, and recommends action to achieve health equality for Aboriginal and Torres Strait Islanders within a generation (25 years).

Standing Committee on Aboriginal and Torres Strait Islander Health and Statistical Information Management Committee 2006. National Summary of the 2003 and 2004 Jurisdictional Reports against the Aboriginal and Torres Strait Islander Health Performance Indicators. AIHW cat. no. IHW 16. Canberra: Australian Institute of Health and Welfare. Available online at: **www.aihw.gov.au/publications/index.cfm/title/10234**