



Yoorrook Justice Commission

Submission on health and healthcare

February 2024

The Royal Australian College of General Practitioners (RACGP) acknowledges the invitation extended by the Yoorrook Justice Commission for submissions on health and healthcare, and the importance of this truth-telling process.

The RACGP recognises the health benefits of truth-telling, sovereignty and self-determination and offers this submission with humility and a commitment to listen and learn from the truth-telling process being led by the Yoorrook Justice Commission (Yoorrook), and the recommendations for reform that will be made.

About the RACGP

The RACGP is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia.

As a national peak body representing over 40,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population.

We help the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced Fellowed GPs.

The RACGP is guided in our work by the Aboriginal and Torres Strait Islander Health Faculty. Faculty Council, members and staff are an important source of truth-telling and self-determination within our own organisation. And as a founding member of the Close the Gap campaign and a public supporter of the Uluru Statement from the Heart since 2018 we recognise that truth-telling and sovereignty are crucial in overcoming health inequalities.

This is a joint submission between the RACGP Aboriginal and Torres Strait Islander Health Faculty and the Victorian Faculty. The RACGP will respectfully follow VACCHO protocol and use the term Aboriginal in the Victorian context.

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Past and present injustices within the health and healthcare sector

The RACGP recognises the concept of health for Aboriginal people as outlined in the Victorian *Aboriginal Health and Wellbeing Agreement 2022-2032*:

For Aboriginal people, the concept of health encompasses the physical, social, emotional, and cultural wellbeing of individuals, families, wider kinship groups, and entire Communities. While physical health is important, equal value is placed on strengthening connections to mind, emotions, family, kinship, Community, culture, country, spirituality, and ancestors. Developing connectedness across all these elements empowers Aboriginal self-esteem, belonging, and pride. This is especially critical in the protection of mental health and wellbeing and aids in journeys of healing from the ongoing and persistent harm inflicted by colonisation. In practice, this holistic understanding of physical, social, emotional, and cultural wellbeing requires a health system that is responsive to the needs of Aboriginal people within each of these elements.

Having read other organisations' submissions to Yoorrook about health and healthcare, the RACGP supports VACCHO's assertion that there have been significant impacts of colonisation in Victoria, including massacres, forced removal of Aboriginal peoples onto missions and reserves and disconnection from country.

The RACGP accepts that colonisation is not a single past event but a process that continues to this day, including in the experience of racism and exclusion from healthcare services, and from social and economic opportunities.^{1,2} The harmful impacts of colonisation are present today, with ongoing inequities between health outcomes for Aboriginal and non-Aboriginal Victorians.

Some examples of the link between the harms and trauma of colonisation and health outcomes can be found in the *Balit Murrup Aboriginal social and emotional wellbeing framework 2017–2027*³ which provides examples of how childhood experiences of social and emotional wellbeing issues are more common and more extreme for Aboriginal children than non-Aboriginal children:

- The average placement rate into out-of-home care for Aboriginal children in Victoria is 87.4 per thousand children, far greater than the 6.1 per thousand children in non-Aboriginal family situations.
- Family violence, parental mental illness, and alcohol and other drug issues are the most significant factors leading to the placement of Aboriginal children in out-of-home care with two-thirds (60 per cent) of children unable return to their families.
- There is continued overrepresentation of Victorian Aboriginal young people subject to youth justice supervision and detention, with Aboriginal young people more likely to offend earlier (age 14 for Aboriginal people compared with age 19 for non-Aboriginal people).

Colonising practices can lead to intergenerational trauma - the psychological effects that collective trauma experienced by a group of people has on subsequent generations. Aboriginal people are leading the way in understanding opportunities to process trauma and heal, for example in the perinatal period.⁴

In sharing these statistics that represent individuals, families and communities the RACGP also accepts that colonising structures may have erroneously depicted Aboriginal people as being responsible for these health disparities. The RACGP recognises the harm of such attitudes and accepts that being Aboriginal is not a 'risk factor' for disease. Many increased health risk factors are due to Aboriginal people being more likely than non-Aboriginal people to experience disadvantage across the social, commercial and other determinants of health, including racism.⁵ And any assessment of health risk for patients by GPs must be based on an individual's circumstances.

Challenges and barriers to accessing healthcare

Health equity: investment in early intervention and preventive healthcare

The *Aboriginal Health and Wellbeing Agreement 2022-2032* recognises that prevention and early intervention are central to health, and that preventive health programs foster positive health and wellbeing outcomes for Aboriginal people.⁶ Investment in a responsive healthcare system that is structured and resourced to be culturally safe and staffed by well-trained health professionals who are able to respond to the needs of Aboriginal peoples is crucial to support Aboriginal people to be well and stay well.

Comprehensive, patient-centred, trauma informed, culturally safe, accessible and equitable healthcare, supported by a multidisciplinary healthcare team are core to effective, high-quality primary healthcare. An Aboriginal health workforce is a key enabler for this and the RACGP calls for a strategic focus on attracting, training and retaining Aboriginal doctors in

Victoria. We also advocate for greater investment in the growth and sustainability of the Aboriginal and Torres Strait Islander health workforce across a range of professions.⁷

As necessary medical care is becoming increasingly unaffordable many patients are forgoing essential medical care due to a reduction of bulk billing in primary healthcare.⁸ Cost of living pressures are continuing to rise and out-of-pocket payments for community based care, including general practice, can unnecessarily push people towards hospital care.⁹ The RACGP calls for a stronger primary healthcare system and accepts the right of Aboriginal patients to access culturally safe healthcare that meets their needs, wherever they might seek care.

As outlined in our position statement on [Aboriginal and Torres Strait Islander health](#)¹⁰, the RACGP recognises that solutions must draw on the strength and resilience present in Aboriginal people and communities today, and should be led by them. By virtue of their roles in delivering comprehensive, trauma informed, whole-person, patient-centred care, GPs are well positioned to understand the health needs of Aboriginal patients. Additionally, GPs and primary healthcare teams are well positioned to positively influence local environments through their advocacy and leadership skills, whether that be in the practice, community, health service, outreach clinic, hospital or political setting.

Support for increased investment in ACCHOs

The RACGP acknowledges the strengths and successes of Aboriginal Community Controlled Health Organisations (ACCHOs), many of which were established in response to experiences of racism in mainstream health services and an unmet need for culturally safe and accessible primary health care.¹¹

The sector has contributed to significant health improvements for Aboriginal people. Outcomes have been especially evident in the areas of child and maternal health, detection and management of chronic disease, sexual health and mental health, and social and emotional wellbeing.¹²

The community controlled health sector is uniquely positioned to provide high quality health and preventive care to their community.¹³ Consultations can often take longer, with more patients who experience multi-morbidities and who may consult multiple health professionals at each visit.¹⁴ The complexity, skill and time required to deliver these services is not always recognised or supported through the current Medicare Benefits Schedule (MBS) structure or rebate values.

Beyond healthcare, the sector contributes to broader social benefits. The model of community control is underpinned by the principle of self-determination, giving communities a high level of oversight. This supports the health services to be responsive to the needs of communities. Strong relationships between health services and communities, and involvement in decision-making, can improve the identification of the health problems and lead to culturally safe models of care.¹⁵

Investment in ACCHOs is also an investment in expanding the Aboriginal and Torres Strait Islander health workforce, with benefits which encompass access to culturally safe services, and employment and income growth. The health and social care sector is currently the largest employer of Aboriginal and Torres Strait Islander people.¹⁶

Increasing the number of Aboriginal healthcare professionals

Institutional racism refers to the ways in which “racist beliefs or values have been built into the operations of social institutions in such a way as to discriminate against, control and oppress various minority groups.”¹⁷ It is often covert, and is frequently unrecognised by those involved in it, making it challenging to identify, confront and overcome. Systemic racism impacts the development of the Aboriginal workforce.¹⁸

The RACGP acknowledges the work being done by VACCHO on their *Statewide GP Workforce Strategy*. Background research to inform this strategy found that in 2020, there were 172 Aboriginal and Torres Strait Islander GPs and GPs in Training.¹⁹ According to the VACCHO *Statewide GP Workforce Strategy 2021-2031*, 61% of all Aboriginal and Torres Strait Islander current trainees are in General Practice and 61% of all Aboriginal and Torres Strait Islander Fellows are GPs.²⁰ This is higher than the National trend of medical students generally, with just 15.4% of Australian medical students identifying general practice as their preferred specialty for future practice in 2018.

Support for Aboriginal GPs in training: RACGP's Yagila Wadamba Program

RACGP Aboriginal and Torres Strait Islander Health is committed to increasing the number of Aboriginal and Torres Strait Islander GPs. The faculty offers the Yagila Wadamba program (meaning ‘learn to heal’), to GP registrars in preparing for their RACGP Fellowship exams.

The program is delivered face to face and/or online. It concentrates on exam preparation and other key areas of general practice training. Participants can network with their peers in a friendly and welcoming environment, while also taking advantage of the opportunity to hear and learn from medical educators and Aboriginal and Torres Strait Islander GP Fellows.

The RACGP also works closely with the Indigenous General Practice Registrars Network (IGPRN), a network for Aboriginal

and Torres Strait Islander registrars to provide professional and cultural support to one another. IGPRN was founded in 2008 by Indigenous GP Registrars who sought to address issues of cultural isolation and safety, discrimination, and other unique challenges on their pathway to Fellowship. From a single Indigenous Registrar Liaison Officer, IGPRN has become a funded national peer network, with an Indigenous Chair elected by the members. IGPRN is an independent network supported and auspiced by General Practice Registrars Australia.

IGPRN can advocate on behalf of GPs in training with other organisations such as the RACGP, GPET or Training Organisations.

Healthcare in custodial settings

The RACGP acknowledges that many submissions have been provided to the Yoorrook Justice Commission with important truth-telling about overrepresentation of Aboriginal people in Victoria's prisons, including on remand, in youth detention and in deaths in custody. Over-representation and recidivism statistics suggest that efforts to reduce Aboriginal peoples experiences in the criminal justice system requires recognition of health and social and emotional wellbeing issues.

As outlined in the Victorian Aboriginal Affairs Framework²¹:

- Forty percent of all young people in youth justice custody presented with mental health issues
- Eleven percent of Aboriginal young people in custody were registered with disability services
- Children who have been involved in the Child Protection and/or out-of-home care systems are at greater risk of future justice system involvement. In June 2017 there were 2,091 Aboriginal children in out-of-home care in Victoria – the highest number in the past decade. Rates of out-of-home care are over 15 times higher for Aboriginal children than non-Aboriginal children and they have complex health needs.²²
- Seventy one percent of young people in custody experienced abuse, trauma and neglect.
- Substandard and inadequate housing can contribute to poor health, which is associated with incarceration.
- Seventy two percent of Aboriginal men and ninety two percent of Aboriginal women in prison had received a lifetime diagnosis of mental illness
- Eighty seven percent of Aboriginal women in custody have experienced sexual, physical or emotional abuse in multiple forms

Evidence from Victoria and Australia suggests that:

- People in custody have complex healthcare needs which require consistency and continuity of care.
- Transition/release from prison is a particularly vulnerable period, when prisoners can experience a decline in their health and are at greater risk of hospitalisation and recidivism.²³ Isolated initiatives, on their own, will not adequately support their transition, with additional need for mental health, alcohol and drug, disability and social services.
- Support services are often under-resourced, fragmented and do not meet the particular needs of Aboriginal prisoners.²⁴ The Council of Australian Governments' (COAG) *Prison to Work Report* found that greater coordination and information sharing is required at the prison-community interface.²⁵
- Programs that are flexible, accessible to those on short sentences and remand, and take a holistic and long-term view of health and wellbeing are best placed to help address the overrepresentation of Aboriginal people in prison.²⁶

Prison health services have the potential to offer opportunities for Aboriginal prisoners to make health gains that are not always available in the community.²⁷ Therefore, ensuring health services in the prison setting are available, appropriate, culturally sensitive, trauma informed and clinically effective is critical to improve overall health outcomes for Aboriginal Victorians.

Some examples of current barriers to healthcare in custodial settings are:

- provision of culturally appropriate care is very limited, including the difficulty in attracting and retaining Aboriginal Health Workers and Practitioners.
- correctional psychologists do not provide clinical psychological services for mental illness in the custodial setting, as they do through the MBS in the community.
- transfer of care to community providers and ACCHOs is limited.

Cultural safety for Aboriginal people in mainstream health services

As outlined by the Australian Indigenous Doctors Association (AIDA), *a culturally safe health practice requires ongoing critical reflection of health practitioners' knowledge skills, attitudes, practising behaviours and an awareness of existing power differentials.*²⁸ The RACGP is committed to developing and supporting a culturally safe and reflective general practitioner workforce, and strongly supports action to challenge racism within general practice and the broader healthcare system.

To support this commitment the RACGP will soon launch our *Aboriginal and Torres Strait Islander Cultural and Health Training Framework* which is a commitment to comprehensive and system-wide action to ensure the rights and sovereignty of Aboriginal and Torres Strait Islander peoples are visible and active within our GP training system.

Racism in healthcare settings

Experiences of racism are common among Aboriginal people in healthcare settings^{29,30} and the link between racism and health is well established^{31,32,33,34} Episodes of racism create major barriers to healthcare access and can lead to a compromised quality of medical care.³⁵

The RACGP recognises that some individuals and organisations in the medical profession have contributed to structural barriers and unequal access to power and resources that Aboriginal peoples in Victoria have faced.

Many Aboriginal people in Victoria have experienced racism in the healthcare sector and where stories shared by individuals either as part of Yoorrook, or by patients to their general practitioner, they are an important part of truth-telling and a source of 'personally significant evidence' to support care for that patient and to drive systemic change.³⁶

The RACGP recognises that:

- In order to address institutional racism, it needs to be recognised, routinely measured, monitored and acted upon at multiple levels.
- Design and delivery of healthcare services should reflect community priorities.³⁷

As outlined in the [RACGP Position statement on racism in the healthcare system](#), the RACGP's position is:

- a zero tolerance approach to racism
- that every practice provide respectful and culturally appropriate care to all patients
- that GPs, registrars, health professionals, practice staff and medical students are supported to address any experience of racism
- that RACGP members are aware of, and advocate for patients who are affected by institutional racism.

In order to support health professionals to foster anti-racist practice and to support patients who may be experiencing the health impacts of racism, the RACGP, in partnership with the National Aboriginal Community Controlled Health Organisation, are including a new Health Impacts of Racism topic in the fourth edition of the NACCHO-RACGP *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people* due for publication in the second half of 2024.

Climate change and health

The RACGP have declared climate change a [key public health issue](#).³⁸ The RACGP recognises the unique experience of Aboriginal Victorians and the impact of colonisation on connection to Country for many Aboriginal people.

As outlined in the Victorian Aboriginal Health and Wellbeing Partnership Action Plan³⁹:

Aboriginal people and communities have cared for Country, Songlines, waterways and sky for thousands of years. Holistic practice of Aboriginal health and healing is an inherent part of Aboriginal culture and resilience in surviving colonisation.

We acknowledge VACCHO's call for an Aboriginal Climate Justice Strategy to address the impact of climate change on Country, health and wellbeing in their health submission to Yoorrook.

The RACGP:

- recognises climate change as a key public health issue
- commits to mitigation and adaptation strategies as an organisation and promoting and advocating for these among GPs, healthcare organisations and the community
- advocates for policies to protect human health from risks of climate change at local, state, national and international government levels
- considers it important for GPs to understand and communicate the causes, health risks and consequences of climate change as well as mitigating actions and adaptation to climate change at individual and population levels
- emphasises the importance of general practice research to inform RACGP and GP responses to climate change and its impact on human health.

Climate change exacerbates health inequities – for example, through the unequal impacts of extreme weather events.⁴⁰ People with fewer material, social and health resources will be more vulnerable to the adverse impacts of climate change.⁴¹

The effects of climate change are different in [different areas](#). GPs and primary healthcare teams provide local care for local communities. Climate change will impact each community across Victoria differently and in turn, while prevention requires local, national and state level policy action, mitigation solutions will need to be local. The RACGP acknowledges the knowledge and leadership that Aboriginal people can and are bringing to climate change mitigation and adaptation strategies.⁴²

The Lowitja Institute's work as a key national initiative, including [A discussion paper with the HEAL Network and CRE-STRIDE](#), outlines the issue of climate change in Australia and how it is impacting on the health of Aboriginal and Torres Strait Islander peoples.⁴³ The RACGP supports the Lowitja Institute's recommendation for an Aboriginal and Torres Strait Islander Coalition on Climate and Health in their submission to the Yoorrook Justice Commission.

GPs play a key role in identifying, reducing and managing adverse health effects of climate change. The role includes identifying patients who are particularly at risk from climate impacts, ensuring patients have access to public health advice, promoting urgent mitigation action, and leading responses to the burden of chronic disease.

The RACGP and the National Aboriginal Community Controlled Health Organisation are including a new Health Impacts of Climate Change topic in the fourth edition of the NACCHO-RACGP *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people* due for publication in the second half of 2024.

For any communications related to this submission, please contact aboriginalhealth@racgp.org.au

References

- ¹ Department of Health, Racism in Victoria and what it means for the health of Victorians, April 2022
- ² <https://www.vaccho.org.au/wp-content/uploads/2023/06/Aboriginal-Health-and-Wellbeing-Agreement-2022-2032-FINAL-22-Mar-23.pdf>
- ³ <https://www.health.vic.gov.au/publications/balit-murrup-aboriginal-social-emotional-wellbeing-framework-2017-2027>
- ⁴ Fiolet, R., Woods, C., Reilly, R., Herrman, H., McLachlan, H., Fisher, J., ... & Chamberlain, C. (2023). Community perspectives on delivering trauma-aware and culturally safe perinatal care for Aboriginal and Torres Strait Islander parents. *Women and birth*, 36(2), e254-e262.
- ⁵ Thurber KA, Barrett EM, Agostino J, Chamberlain C, Ward J, Wade V, et al. Risk of severe illness from COVID-19 among Aboriginal and Torres Strait Islander adults: the construct of 'vulnerable populations' obscures the root causes of health inequities. *Aust N Z J Public Health*. 2021;45(6):658–63.
- ⁶ <https://www.vaccho.org.au/wp-content/uploads/2023/06/Aboriginal-Health-and-Wellbeing-Agreement-2022-2032-FINAL-22-Mar-23.pdf>
- ⁷ <https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Position%20statements/Stronger-Primary-Health-System.pdf>
- ⁸ The Australian Government. Senate Committee – Health insurance amendment (Safety net) bill. Parliament of Australia. Canberra, 2015. Available at www.aph.gov.au/~media/wopapub/senate/committee/medicare_ctte/medicareplus/report/c02_pdf.ashx
- ⁹ Duckett S, Lin L, Stobart A. Not so universal – how to reduce out-of-pocket healthcare payments. The Grattan Institute, March 2022. Available at <https://grattan.edu.au/wp-content/uploads/2022/03/Not-so-universal-how-to-reduce-out-of-pocket-healthcare-payments-Grattan-Report.pdf>
- ¹⁰ <https://www.racgp.org.au/getmedia/7904171d-dfdd-4595-b9c3-9882559c4ce3/Aboriginal-and-Torres-Strait-Islander-health.pdf.aspx>
- ¹¹ <https://www.naccho.org.au/acchos/>
- ¹² Thomas DP, Heller RF, Hunt JM. Clinical consultations in an aboriginal community-controlled health service: a comparison with general practice. *Aust NZ J Public Health* 1998 Feb; 22(1): 86–91.
- ¹³ <https://www.closingthegap.gov.au/national-agreement/priority-reforms>
- ¹⁴ Larkins S, Geia LK, Panaretto K. Consultations in general practice and at an Aboriginal community controlled health service: do they differ? *Rural and Remote Health* 2006; 6: 560.
- ¹⁵ Davy C, Harfield S, McArthur A, et al. Access to primary health care services for Indigenous peoples: A framework synthesis. *Int J Equity Health* 2016; 15 (1):163.
- ¹⁶ Australian Bureau of Statistics (ABS). 2018. 2076.0 - Census of Population and Housing: Characteristics of Aboriginal and Torres Strait Islander Australians, 2016.
- ¹⁷ Henry BR, Houston S, Mooney GH. Institutional racism in Australian healthcare: a plea for decency. *Med J Aust*. 2004;180 (10): 517-20.
- ¹⁸ RACGP, Position Statement *Racism in the healthcare system*, 2018 <https://www.racgp.org.au/getmedia/c0ad8cb1-6cf5-4ee4-9e8e-57ec45ef617a/Racism-in-the-healthcare-system.pdf.aspx>
- ¹⁹ VACCHO Statewide GP Workforce Strategy <https://www.vaccho.org.au/wow-strategy/>
- ²⁰ VACCHO Statewide GP Workforce Strategy <https://www.vaccho.org.au/wow-strategy/>
- ²¹ <https://www.aboriginaljustice.vic.gov.au/the-agreement/aboriginal-over-representation-in-the-justice-system/underlying-causes-of-aboriginal>
- ²² Shmerling, E., Creati, M., Belfrage, M., & Hedges, S. (2020). The health needs of Aboriginal and Torres Strait Islander children in out-of-home care. *Journal of Paediatrics and Child Health*, 56(3), 384-388. <https://onlinelibrary.wiley.com/doi/abs/10.1111/jpc.14624>
- ²³ Kinnner S, Streitberg L, Butler T, Levy M. 2012. Prisoner and ex-prisoner health - improving access to primary care. *Aust Fam Physician*. 41(7): 535-7.
- ²⁴ Victorian Ombudsman. 2014. Investigation into deaths and harm in custody. Accessed at: <https://www.ombudsman.vic.gov.au/Publications/Parliamentary-Reports/Investigation-into-deaths-and-harm-in-custody>
- ²⁵ Commonwealth of Australia. 2016. Prison to Work Report. Accessed at: <http://www.coag.gov.au/sites/default/files/reports/prison-to-work-report.pdf>
- ²⁶ Abbott, P., Lloyd, JE., Joshi, C., Malera-Bandjolan, K., Baldry, E., McEntyre, E., Sherwood, J., Reath, J., Indig, D. and Harris, MF. 2017. Do programs for Aboriginal and Torres Strait Islander people leaving prison meet their health and social support needs?. *Aust. J. Rural Health*. doi:10.1111/ajr.12396.
- ²⁷ Australian Medical Association. 2015. Report Card on Indigenous Health - Closing the Gap on Indigenous Imprisonment Rates. Accessed at: https://ama.com.au/sites/default/files/documents/2015%20Report%20Card%20on%20Indigenous%20Health_0.pdf
- ²⁸ <https://aida.org.au/cultural-safety-program/>
- ²⁹ Thurber KA, Colonna E, Jones R, Gee GC, Priest N, Cohen R, et al. Prevalence of Everyday Discrimination and Relation with Wellbeing among Aboriginal and Torres Strait Islander Adults in Australia. *Int J Environ Res Public Health* [Internet]. 2021 [cited 2023 Mar 21];18(12):6577
- ³⁰ Department of Health, Racism in Victoria and what it means for the health of Victorians, April 2022
- ³¹ Thurber KA, Brinckley MM, Jones R, Evans O, Nichols K, Priest N, et al. Population-level contribution of interpersonal discrimination to psychological distress among Australian Aboriginal and Torres Strait Islander adults, and to

Indigenous–non-Indigenous inequities: cross-sectional analysis of a community-controlled First Nations cohort study. *The Lancet*. 2022 Dec

³² Priest NC, Paradies YC, Gunthorpe W, et al. Racism as a determinant of social and emotional wellbeing for Aboriginal Australian youth. *Med J Aust*. 2011;194 (10): 546–550.

³³ Marmot M, Friel S, Bell R, et al. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet*. 2008;372 (9650): 1661–9.

³⁴ Department of Health, Racism in Victoria and what it means for the health of Victorians, April 2022

³⁵ Coory MD, Walsh WF. Rates of percutaneous coronary interventions and bypass surgery after acute myocardial infarction in Indigenous patients. *Med J Aust*. 2005;182 (10): 507–512

³⁶ Greenhalgh, T., Snow, R., Ryan, S., Rees, S., & Salisbury, H. (2015). Six 'biases' against patients and carers in evidence-based medicine. *BMC medicine*, 13(1), 1-11.

³⁷ The Australian Indigenous Doctors' Association (AIDA). Position Statement: Cultural Safety. Available from: <https://aida.org.au/app/uploads/2021/09/AIDA-Position-Paper-Cultural-Safety-Final-28-September-Word.pdf>

³⁸ RACGP Position Statement: Climate change and human health, 2019

<https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Position%20statements/Climate-change-and-human-health.pdf>

³⁹ https://www.vaccho.org.au/wp-content/uploads/2023/05/AHWPF-Action-Plan-2023-2025_Web.pdf

⁴⁰ Parise I. A brief review of global climate change and the public health consequences. *Aust J Gen Pract* 2018;47(7):451–56.

⁴¹ RACGP Position Statement: Climate change and human health, 2019

<https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Position%20statements/Climate-change-and-human-health.pdf>

⁴² HEAL Network & CRE-STRIDE 2021, Climate Change and Aboriginal and Torres Strait Islander Health, Discussion Paper, Lowitja Institute, Melbourne, DOI: 10.48455/bthg-aj15

⁴³ <https://www.lowitja.org.au/resource/climate-change-and-aboriginal-and-torres-strait-islander-health/>