NCOSS Submission

Healthy People 2010 - The Population Health Plan for NSW

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Council of Social Service of NSW (NCOSS), 66 Albion Street, Surry Hills, 2010

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Consultation on Healthy People 2010 –
The Population Health Plan for NSW

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ABOUT NCOSS

The Council of Social Service of NSW (NCOSS) is an independent non-government organisation and is the peak body for the non-government human services sector in NSW. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales.

It was established in 1935 and is part of a national network of Councils of Social Service, which operate in each State and Territory and at Commonwealth level.

NCOSS membership is composed of community organisations and interested individuals. Affiliate members include local government councils, business organisations and Government agencies. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals.

Member organisations are diverse; including unfunded self-help groups, children's services, youth services, emergency relief agencies, chronic illness and community care organisations, family support agencies, housing and homeless services, mental health, alcohol and other drug organisations, local indigenous community organisations, church groups, and a range of population-specific consumer advocacy agencies.

Please answer the following questions:

1. **Is this the broadly the right direction for the strategy?**

NCOSS welcomes this opportunity to contribute to the future planning for the NSW Health system. In this submission NCOSS makes a number of key recommendations that aim to improve the social performance of the NSW health system.

NCOSS supports the future planning process for population health that has been initiated by the NSW Health Government, in developing Healthy People 2010 as a consultation tool to assist to identify goals and directions for the health system in NSW.

The recognition within the population health plan, Healthy People 2010, of equity in health as a fundamental principle is an important addition. NCOSS, in their submission to NSW Health on their health future plan '*Fit for the Future'*, had recommended that "Address Health Inequalities" be adopted as a standalone future direction for NSW Health / NSW Government in order to provide more substantial direction for planning health outcome improvements. It is reassuring to see that Healthy People 2010 has adopted this recommendation and recognises the importance of addressing inequities in health across NSW.

Within Healthy People 2010 however there are a number of missed opportunities which would ensure the Plan achieves what it sets out to.

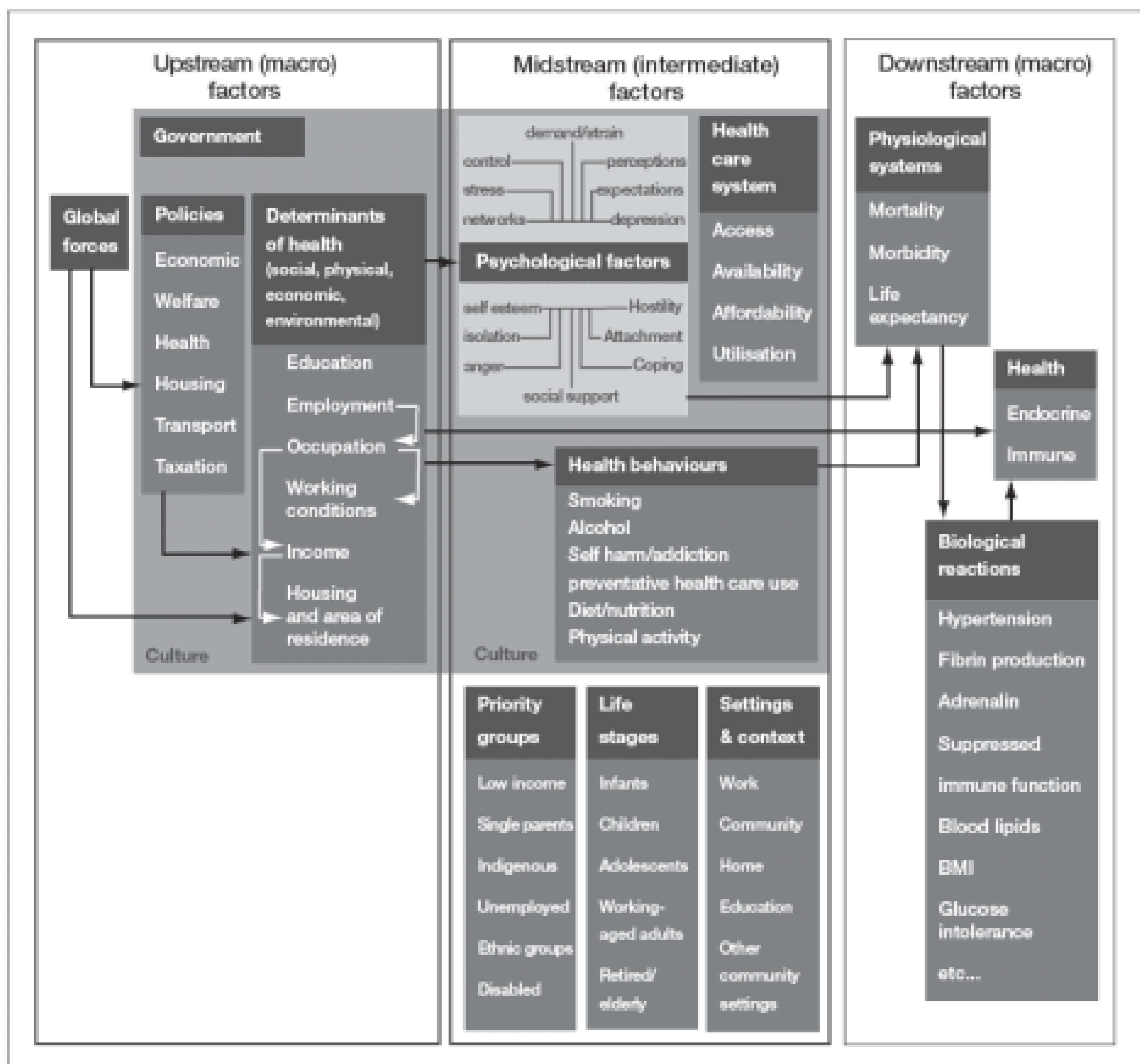
There is limited recognition of the diversity of people within NSW. No mention is made of people living with disability, people from culturally and linguistically diverse backgrounds, refugees, and bi-sexual, gay, lesbian, bi-sexual, transgender and inter-sex communities. There is also diversity in terms of where people live. Healthy People 2010 does not acknowledge the differing issues facing people and communities in rural and remote communities both in terms of health issues and lack of affordable and accessible transport, difficulties in recruiting and keeping health staff and lack of affordable and accessible health services.

This diversity is not reflected or integrated throughout the document's key sections including primary functions, strategies and goals (i.e. Where do we want to be in 2010? What will we do?). For example in tobacco smoking (page 13) there is no recognition that although smoking rates have decreased in the most advantaged socio economic groups, the rates of smoking increase with increasing disadvantage[i]. The Oral Health component (page 13) does not explain that it is people living in disadvantaged circumstances who experience more oral disease and more barriers in accessing care, than people living in more advantaged circumstances. Indigenous populations experience a higher percentage of people with no natural teeth (16 percent compared with 10 percent for non-Indigenous populations)[ii]. People from refugee like backgrounds also have high rates of dental disease.

In order to develop effective and appropriate population health programs, with equity as an underlying principle, diversity must be acknowledged and reflected within the population health plans, key issues, primary functions, strategies and goals. The NSW Health and Equity Statement notes "that an equity approach to addressing these issues recognises that not everyone has the same capacity to deal with their health problems. It is therefore important to address different people's needs in different ways"[iii].

2. If not what do you think should be the direction? Please give a clear explanation of why?

A greater recognition of the social determinants of health is missing within Healthy People 2010. It would be useful to include the following table to demonstrate that the impacts of health often come from outside the health system and involve an interaction of a number of systems and individual behaviours. Throughout the Population Health Plan, and not just in one section, a more sophisticated response is required as to how population health will acknowledge and respond to the social determinants within it limitations.



Source: Turrell G, Mathers CD 2000, Socio-economic status and health in Australia. *Medical Journal of Australia 2000*; 172: 434-438[iv].

3. What are the gaps in the document?

The draft plan contains some goals (i.e. where do we want to be in 2010?) however, many of these are quite generic and do not specify targets around the particular needs of people experiencing poverty and disadvantage. Any strategic directions in health planning, which includes Healthy People 2010, must actually lead to addressing current disparities in health outcomes across population groups in NSW.

It is suggested that appropriate targets need to be developed through the current consultation exercise which are aspirational but still achievable.

When setting targets it will be important to ensure most can be captured through existing data sources. Most importantly, targets and measurement must focus on real results particularly for the most disadvantaged population groups in NSW.

Section 1 Introduction
Section 1.1 Why a plan? The document mentions the other key documents and policies this Population Plan aligns with, but fails to mention the 'NSW Health and Equity Statement - In all Fairness' - a key NSW Health document addressing equity in health across NSW. As Healthy People 2010 states that equity in health is a fundamental principle of the plan, this is a serious omission.

Although this section states that *equity in health is a fundamental principle of the plan* it does not incorporate or integrate the principle of equity throughout the document within its vision, scope, approach, primary functions or enablers.

Section 2 Current pressures and further challenges
This section is not presented within an equity lens. If equity in health is the fundamental principle of the plan, then the key approach of the plan is to ensure the highest benefits for the most disadvantaged population groups in NSW. NCOSS agrees with the improvement in health of the whole population but the greatest improvements in health have been in the most advantaged population groups. The rate of health gain in the last 10-20 years has been greater for people from the highest socio-economic group compared with the lowers socio-economic group[v]. Programs and services must be tailored and targeted to ensure that those who are the most disadvantaged receive the most benefits.

Healthy People 2010 fails to recognise that two of the key pressures and challenges facing NSW are: the increasing health gap between the advantaged and the disadvantaged population groups and the ongoing poor state of Aboriginal health in NSW.

The Report on Adult Health from the 2004 NSW Population Health Survey found that:
- The lowest 20 percent of income earners in NSW experience the highest levels of poor health outcomes;
- In 70 percent of the 15 key indicators used to measure health behaviours and health status, people in the lowest 20 percent of the State's income earners scored the worst;
- The bottom 20 percent of male and female income earners exhibited the highest rates of smoking, the highest levels of diabetes or high blood sugar, the worst rates of high or very high psychological distress, the highest levels of being overweight and obese and the worst rates of having all their teeth missing[vi].

There is not enough emphasis placed on the importance of turning around the appalling disadvantage that many Aboriginal people endure as a result of colonization. Despite a number of improvements in the social and economic circumstances for Aboriginal and Torres Strait Islander people, they remain disadvantaged across a range of areas. The most recent data shows that Indigenous males can be expected to live to 57 years and Indigenous females to 64 years. Indigenous Australians are more likely to have most health conditions compared to other Australians. They are 17 times more likely to be hospitalised for dialysis, are twice as likely to give birth to low birth weight babies and overall have higher rates of chronic diseases and illnesses e.g. asthma arthritis and diabetes[vii]

The draft Plan is severely lacking in specific goals and measures to improve the living standards of Aboriginal people and their communities across NSW.

Section 4
This section states that the vision for Healthy People 2010 is 'good health and well being for all people of NSW'. Again there is no room in this vision for addressing inequities in health. As the NSW Health and Equity Statement argues " whilst universal approaches to health can help maintain and improve overall health status, targeted programs can help reduce the gap in health statue between groups and focus on those who have the poorest health"[viii]. An alternative to this vision incorporating equity as an underlying principle could be '*good health and well being for all people of NSW with a focus on the most disadvantaged population groups in society'*.

The population health plan outlines the cause of illness and injury and chronic disease as being the result of individual behaviours such as tobacco smoking, alcohol consumption, unsafe sex etc. This vision ignores the social determinants of health. Poor health is a complex interaction not only of individual behaviours but also of factors such as poverty, poor housing, lack of education, violence and abuse, mental illness as well as a lack of affordable, accessible and appropriate health services and infrastructure e.g. public transport.

Under "*to achieve our vision*" NCOSS recommends including:

- Reduce the current inequities in health between the advantaged and disadvantaged populations groups

Under "*To deliver on our vision*" NCOSS recommends including:

- Take a preventative approach to tacking the social determinants of health

Section 5 Population health approach
Section 5.3 Address health inequities
This needs to clarify that the aim is to reduce health inequities, not *"reduce difference in health status between groups in the community"* .The NSW Health and Equity Statement explains "differences in health occur naturally and as an inevitable part of the normal life course…. Equity is essentially about fairness"[ix]. The concept of health inequity therefore assumes an element of unfairness and suggests that certain differentials in health are unnecessary and can be avoided.

Although this section acknowledges the inequitable burden of disease in Aboriginal communities NCOSS recommends that this point be more active. Rather than recognising this inequitable burden of disease in Aboriginal communities, NCOSS recommends that point should state:
"recognises and aims to reduce the inequitable burden of disease in Aboriginal communities".

Instead of the statement 'allocates resources to address health inequalities', NCOSS recommends that point should state:
"*allocates resources to address and reduce health inequalities".*

Section 6 Promote health, prevent disease, disability and injury
NCOSS supports this as a primary function, but suggests that it should be amended to read *"To promote health and wellbeing, prevent disease, disability and injury."*

Expanding this function to include wellbeing recognizes the holistic nature of health outcomes, in particular their link to socio-economic and environmental factors.

The key messages outlined in the draft plan are all key health issues recognised within NSW and by the Chief Health Officer of NSW. However what is not reflected in the document is that a number of these health issues are of a greater concern for certain population groups i.e. smoking rates are high in Aboriginal communities and people with a mental illness, and is increasing in the most disadvantaged socio-economic group whilst decreasing in the most advantaged. Oral health is of particular concern for refugees, the prison population, and rural and remote communities. The key messages of chronic disease, obesity, tobacco smoking, alcohol misuse, oral health, illicit drugs and mental health all require a greater level of analysis. Although these issues affect the whole NSW population, it is certain population groups that the carry burden of these health issues.

6.1.2 Where do we want to be in 2010?

This section has as a goal "*improved access to and responsiveness of mental health services to improve the mental health and wellbeing of the aboriginal population of NSW".* However, there are no strategies outlined either under Mental Health or Aboriginal health as to how this goal will be achieved.

NCOSS recommends that rather than "*a reduced health gap"*, Healthy People 2010 should aim for a specific reduction in the health gap that it wants to achieve by 2010 e.g. "*A 50% reduction in the health gap between the highest socio- economic group and the lowest socio- economic group'.*

6.1.3 What will we do?

Under obesity the strategies suggest target individual behaviours that may contribute to obesity without considering the impact of the social determinants of health.

Strong linkages between NSW Health and other agencies within government can assist to address health inequalities to promote healthier lifestyles. For example the Victorian Health Department has funded a 'Metroactive" program, which includes projects with local councils to look at urban design that encourages physical activity, and promote healthier lifestyles through community activities such as walking groups.[x]

Working to improve the food supply does not provide any detail in terms of food supply for whom and from where.

Under tobacco, the strategy of implementing smoking cessation, these programs must be affordable, accessible and appropriate. If the programs do not address these issues, implementing additional programs will not reduce smoking rates in populations groups with high prevalence, if people are unable to use or afford them.

Under Aboriginal Health, the strategy '*target antenatal programs and provide training and support to midwives and Aboriginal Health workers'* does not outline what the strategy is aiming to do. The strategy does not state what the antenatal programs will be targeted for and what the training and support to midwives and Aboriginal health workers will aim to achieve. This is similar to the next strategy '*evaluate the effectiveness of targeted programs for early childhood up to four years of age'*. Again it is unclear what the evaluation will look at - effectiveness to achieve what?

Under Oral Health, NCOSS recommends the following strategies:
An increase in funding from NSW Health to enable the public dental services to adequately meet the following standards:

(a) A focus on preventive dental services such as appropriate oral hygiene practices, access to and information on a healthy diet, regular check-ups, cleaning and scaling, fillings and restoration rather than extractions,
(b) Ensuring that treatment for decayed teeth and oral health diseases is appropriate, timely and evidence based. Taking remedial action when problems arise to prevent expensive, complicated dental care or tooth loss, and
(c) Ensuring that no person should have to wait more than 24 hours to receive emergency dental care.

As part of meeting the above characteristics and standards, NSW Health must adequately fund:
(a) The Oral Health Fee for Service Scheme so that the fees more closely reflect the actual cost of the service and people's ongoing oral health needs, and
(b) The NSW Oral Health Promotion Plan so that it can be successfully implemented and that the strategies within the plan are actioned.

The cost of the increase in funding would be an initial $170 million per annum (recurrent), with negotiations to take place with the Commonwealth about increasing this figure on a cost-share basis up to $700m p.a. Additionally, $2.75m per annum (recurrent) to develop and implement oral health promotion and prevention programs for specific socio-economically disadvantaged groups and rural/remote communities. Further, the introduction of a sliding scale in the Oral Health Fee for Service Scheme ranging from $170 for a dental check up to $500 for more complex treatments, with a matching increase in the number of vouchers that people can access in a twelve month period.

Under alcohol misuse, the strategy on oral health has been placed in that section.

6.2 Create environments that promote health

Under key messages, affordable and accessible public transport has been omitted. Unless people can access health services, recreational faculties and employment opportunities, disadvantage will continue with the resulting impacts on people's health.

6.2.2 Where do we want to be in 2010?

Although NCOSS supports the aim of *"extensive use of use of health impact assessment"* the plan does not detail which agencies should be using this impact assessment. NCOSS would take this aim further and recommend that the health impact assessments be equity based, an underlying principle of this plan.

NCOSS recommends that Healthy People 2010 aims for the requirement that the whole of government consider the impacts of their policies upon the social determinants of health and health equity whenever they make decisions. This would involve all government departments, including NSW Health, undertaking Health Impact Statements in collaboration before any potential government policy is implemented. Under this proposal, for all Cabinet submissions, policy approval must include an Equity Focussed Health Impact Statement. This would have the same standing as financial approval (Treasury) in current cabinet deliberations. The aim of this approach is to ensure there is an institutional mechanism for placing the social determinants of health at the heart of government planning.

6.3 Implement strategies that prevent disability and injury
Where do we want to be in 2010?

"Safer environments for Aboriginal people" is an unfocused goal. A reduction in injuries or a reduction in the level of assault experienced by Aboriginal people

provides greater definition of what the plan aims to achieve. Similarly the strategy of "*implement programs targeted at reducing injury among Aboriginal Communities"* does not clarify what types of programs nor what injury the plan is aiming to reduce (domestic violence, assault, and falls).

Suicide prevention
Recognition of the burden rural communities and the Aboriginal population carry in terms of rates of suicide must be acknowledged within the plan.

8.2 Assess Health inequities
What will we do?
NCOSS recommends including:
"ensure all population health services, policy, projects and programs undertake an equity based health impact assessment prior to implementation".

11. Future Opportunities
Although this section recommends stronger partnerships with local government and other human service orginsations it specifically fails to mention the non government sector. NCOSS recommends in this section an aim of building and creating stronger partnerships with the non-government sector. The Health NGO sector provides a broad range of health services, ranging from treatment services to early intervention and prevention services. The sector is diverse, reflecting the wide range of community health needs.

Health NGO services are a vital component of mainstream health services and in many cases provide core services which have not historically been, or would not be, provided by the public sector. Non government services provide a valuable point of contact for people who are not able to access the NSW Public Health System. The work of NGO health services is especially important as many low income and disadvantaged groups face barriers accessing mainstream health services. This places people at risk of hospitalisation from conditions that are preventable or readily managed through early intervention.

Many health NGOs specifically target marginalised groups in their community. Their flexible structures and client focus makes them particularly well suited to responding to the needs of these groups. A strong, independent, flexible and innovative NGO sector is integral to community development and should be supported and enhanced.

12. Monitoring and evaluation framework

One of the most important components of any planning document is how will the implementation of the plan be measured. The evaluation framework does not make mention of the NSW Government State Plan nor the NSW Health Fit for the Future Plan and aligning reporting of Healthy People 2010 to these two plans.

There must be clear targets and benchmarks that Healthy People 2010 aims to achieve with reporting schedules and time frames outlined.

Its must also be noted that the Population Health Reference group did not have members from refugee health nor a consumer or community representative.

Principles
The principles contained within the Healthy People 2010 Framework have no separate chapters and detail in this draft plan. *Respects diversity, involve*

communities, value people, learning and environments as principles are outlined on the framework (page 9) but no further detail is provided as to how these principles will be implemented and integrated throughout Healthy People 20102.

4. What else should we be doing that isn't here?

Consumer and Community Representation and Participation
Although within its framework Healthy People 2010 acknowledges as one of its principles involving communities, there is no outline or planned strategy for how consumers and communities will be involved in the population health plan. Consumer and community participation in the health system is a key issue for the Non Government and community sector in NSW. Consumer and community consultation should be carried out in an environment in which consumers and community members complement the other specialist members' skills and sit with mutual respect and equal control around the table. The *NSW Health Equity Statement* states:

"All stakeholders in the NSW Health system, including consumers, carers, volunteers, NGOs, industry and professional organisations, health professionals and NSW Health must be given opportunities to contribute to the planning, development, implementation and evaluation of health processes and services."[xi]

The Health Equity Statement also provides three principles for guiding the design of consumer participation:

- People whose health is most vulnerable need to be involved in decisions at all levels in the health system as patients and as members of their community;
- The Health system needs to make sure that its participation mechanisms genuinely facilitate participation and do not act as barriers;
- It is important that communities see tangible outcomes from being involved in consultation and participation processes.

The Equity Statement also states that there is a need for addressing the potential barriers to participation such as transport, childcare or a carer role, language, location and time of meetings.

It is critical that skilled and adequately resourced and supported consumer and community representatives play a key role at the Statewide, Area and local level in policy and practice development and system/service delivery monitoring and review.

Service Integration

NCOSS recommends that there is more integration between the NSW Public Health System and NGO health services funded by NSW Health.

Over the next 4 years steps should be taken towards improving the integration of services between government and non government providers. Better integration between non government and government providers will assist to remove barriers for consumers who are moving from one part of the health system to another, and improve opportunities to share information and resources.

There is also a strong need for better integration of the NSW Public Health System with other NGO programs. For example Australian and NSW Government funded

community care services have an important connection to the delivery of health services. There are a number of areas of health service delivery where coordination with non government community care providers is important in ensuring that people are able to receive a comprehensive range of appropriate support services in the home. Better integration with other NGO programs would benefit across a range of areas, for example in improving responsiveness to homelessness, disability and transport issues.

Reporting mechanisms

In 2005 NCOSS released a discussion paper *Measuring Up: A Framework for Government Social Reporting in NSW*. The aim of the report was to stimulate discussion on how to measure the social performance of government, and how to assess the progress of government programs towards achieving long term social goals. The report provided a proposed set of indicators for measuring the performance of the NSW government in relation to health outcomes.

There are very good reasons to measure progress towards strategic goals for the NSW health system through a suitable set of indicators and benchmarks. The community has a strong interest in optimising the health of its members, as good health assists people to contribute to society in a variety of ways. In addition, health problems represent direct costs to the community, both in terms of financial and human capital. In so far as there are identified links between health outcomes and socio-economic status, improved health in the community can also be an indication of progress towards social justice goals.

A summary of the proposed NCOSS indicators and benchmarks is included in the following Table.

Area	Why is it important	Potential benchmark	Primary Indicators	Data Source	Data Development Agenda
Health	Good health brings social and economic benefits to the individual, their families and the community.	Equivalent life expectancy rates regardless of socio-economic status , locational, cultural or Indigenous status People are able to access appropriate health and oral health care regardless of socio-economic status, location, cultural or Indigenous status.	Life expectancy and death rates by health area	Report of the Chief Health Officer	
			Hospital separation rates	Report of the Chief Health Officer	
			Difficulties getting health care when needing it by socioeconomic disadvantage score, persons aged 16 years and over	NSW Continuous Health Survey	
			Self rated health	NSW Continuous Health Survey	
			Psychological distress causing inability to perform usual activities	NSW Continuous Health Survey	
			Oral health - dental treatment for adults and children	Australian Institute of Health and Welfare Dental Statistics and Research Unit Centre for Epidemiology and Research, NSW Department of Health. New South Wales Child Health Survey	

5. What do you see as being the most important things that we could do within population health to ensure a healthy community?

Establishing a Target for Addressing Health Inequalities
NCOSS recommends that the Healthy People 2010 establish a target for reducing health inequalities in NSW.

A number of countries have adopted clear goals in order to guide strategies to reduce health inequalities. The Netherlands, for example, aims "to bridge the gap of health inequalities by extending the healthy life expectancy of the lower social income groups by 25% of the current difference (=3 years) in 2020."[xii] Other countries have adopted shorter term goals: for example in 2001 Ireland made a 6 year commitment to reduce the gap in birth weight between the highest and lowest economic group; and England has committed to reduce health inequalities by 10% in relation to birth weight and life expectancy.[xiii]

Although the NSW Government is not in a position to respond to all the social determinants of health, it is nevertheless very well placed to address a significant number of the structural issues that generate health inequalities (e.g. housing, education, transport and employment) and is able to respond directly to the health needs of individuals through health promotion and health treatments; and has the capacity to pursue increased responsiveness to health inequality from local and Federal government agencies.

6. What are the futures challenges and opportunities that you believe are important over the next five years for population health?

Any planning of health services in NSW must include a focussed effort into improving the health of Aboriginal people and their communities. Aboriginal and Torres Strait Islander people are the most disadvantaged group in Australia, as measured by a range of socioeconomic indicators.

Aboriginal and Torres Strait Islander people remain disadvantaged across a range of areas. The most recent data shows that Indigenous males can be expected to live to 57 years and Indigenous females to 64 years. In contrast, the average life expectancy for the Australian population was 77 years for males and 82 years for females.[xiv] Indigenous Australians are more likely to have poor health conditions compared to other Australians. They are 17 times more likely to be hospitalised for dialysis, are twice as likely to give birth to low birth weight babies and overall have higher rates of chronic diseases e.g. asthma, arthritis and diabetes[xv].

Reducing the gaps in health and life expectancy between the most and least advantaged groups in NSW must be the focus of the health system. Simpson, Harris and Nutbeam argue that "reducing these gaps is not only a social justice issue but also a key imperative in ensuring there is a sustainable health system in NSW"[xvi]. Although there have been major improvements in health across NSW, the health of the highest socio-economic group is improving at a faster rate than the health of the lower socio economic group. What we know already is that people from the most disadvantaged groups in society are more likely to suffer poorer health. They are:

- more likely to die earlier,
- have higher rates of mental illness,

- experience higher rates of illness and disability such as diabetes,
- have the worst rates of decay and having all their teeth missing,
- have the highest rates of exposure to risk factors such as smoking, substance abuse and physical inactivity.

It is this challenge that population health will need to address in the next five years, how to reduce the "health gap" and the increasing health gap between the highest and lowest socio economic groups.

Improving Connectivity to Health Services

The annual NSW Population Health Survey indicates that a very large number of people experience transport or transport related barriers to accessing a range of health services. Access to health care is affected by income, ability to pay for transport, availability of appropriate and user friendly transport.

Despite the massive problems faced by many people across NSW getting to health services, a mere 1/1000th of the total NSW Health budget is currently spent on assisting people to get to appointments through the Transport for Health Program.

Physical access to health care is an equity issue. NCOSS recommends that Healthy People 2010, recognise transport as an equity issue and a key challenge for the plan to address.

NCOSS recommends that the Population Health Plan consider under:

Non Emergency Health Transport

- Increasing access to health treatment by expanding funding for non emergency health transport services;
- Creating health transport options for Aboriginal people, by providing dedicated services to Aboriginal communities.

NSW Health Administration

- Consistent funding to Area Health Services to ensure that every region has the necessary resources to set up and run a Health Transport Unit with a transport coordinator. These units would work in close contact with Ministry employed Regional Coordinators, Community Transport to coordinate services and manage demand for services with Area Health services. Coordination with available public transport services is very important.

- Area Health Services should be required to keep relevant stakeholders informed of the level of their (non emergency) transport budget and the extent of transport services that they actually provide.

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[i] NSW Health Population Health Survey, NSW Public Health Bulletin Supplement 2005
[ii] Australian Institute of Health and Welfare, Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2003 The Aboriginal and Torres Strait Islander Health Series
[iii] NSW Health and Equity Statement - In all Fairness 2004, NSW Health
[iv] G, Mathers CD 2000, Socio-economic status and health in Australia. *Medical Journal of Australia 2000*
[v] NSW Health and Equity Statement - In all Fairness 2004, NSW Health
[vi] NSW Health Population Health Survey, NSW Public Health Bulletin Supplement 2005

[vii] The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005, Australian Institute of Health and Welfare
[viii] NSW Health and Equity Statement - In all Fairness 2004, NSW Health
[ix] NSW Health and Equity Statement - In all Fairness 2004, NSW Health
[x] Ross, A. "Equity for Health: What Role for Local Government?" VicHealth Newsletter. No. 27, Winter, 2006. 9-11.
[xi] NSW Health and Equity Statement - In all Fairness 2004, NSW Health
[xii] Judge, K *et al* 2006. "Health Inequalities: A Challenge for Europe." UK Presidency of the EU. Department of Health. 24.
[xiii] Judge, K *et al* 2006. "Health Inequalities: A Challenge for Europe." UK Presidency of the EU. Department of Health. 25.
[xiv] Australia's Health 2006, Australian Institute of Health and Welfare
[xv] The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005, Australian Institute of Health and Welfare
[xvi] Sarah Simpson, Elizabeth Harris and Don Nutbeam *Equity in health: an important issue for a sustainable health system,* NSW Health Futures Planning Project