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Prioritising Health

2020 Northern Territory election statement

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 18,000 physicians and 8,500 trainee physicians, across Australia and New Zealand, including 138 physicians and 77 trainee physicians in the Northern territory (NT). The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, addiction medicine, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, and rehabilitation medicine.[1]

The RACP acknowledges the traditional owners and custodians of the land on which our members practise, live, and teach. We extend our respect to all Aboriginal, Torres Strait Islander, and Māori people and value the importance of their ongoing connection to land, sea, sky, and community. We pay our deepest respect to Elders past present and emerging. And together we re-state our shared commitment to advancing Aboriginal, Torres Strait Islander, and Māori health and education as core business of the College.

Overview

Beyond the drive for medical excellence, the RACP is committed to developing policies, programs, and initiatives which will improve the health of communities and address the inequities that underpin so many poor health outcomes. Patients should have access to an integrated and well-coordinated health system, and governments should take a whole-of-government approach to improve health, including addressing the social determinants of health.

The RACP is committed to advancing Aboriginal and Torres Strait Islander health and education as core business of the College, implemented via a comprehensive Indigenous Strategic Framework. We are a founding member of the Close the Gap Campaign for equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by the year 2030, and we advocate strongly in conjunction with valued partners including Indigenous peak health organisations.

The NT has made gains in recent years that we applaud and want to see maintained. These include an end to open speed limits, the nation-leading minimum unit price on alcohol, and improved specialist outreach for Aboriginal and Torres Strait Islander communities in some areas. This statement sets out our advocacy priorities for the coming years.

The RACP and its Northern Territory Regional Committee are committed to working with all political parties on the development of health policies that are evidence-based, informed by specialist expertise and experience, and that focus on ensuring the provision of high quality healthcare accessible to all, and integrated across primary, secondary, and tertiary services, as well as across the public and private sectors.

A new beginning?

The NT election will be the first election in Australia in the COVID-19 era.

In addition to death, grief, societal disruption, and social distancing around the world, the COVID-19 pandemic poses a high-stakes set of tests for the next NT government and the specialist medical community alike. Simultaneously, the pressure to mitigate and combat the novel coronavirus has brought about real collaboration and ingenuity, which the incoming government should support and foster. This is a pivotal moment for the health and healthcare needs of the Northern Territory.

Lessons can be learned from the effective approach taken by Aboriginal and Torres Strait Islander public health practitioners and researchers nationally to combat the impact of COVID-19. This has been pivotal in identifying the issues, setting priorities, and proposing solutions for culturally-informed strategies relating to the COVID-19 response, including in remote communities. The importance of self-determination and ensuring an equity lens in developing these strategies has been fundamental to the outcomes.

We have identified five priority areas for 2020 and beyond, each with specific recommendations for the incoming Government. These priorities reflect the clinical expertise and professional experience our members possess, as well as the opportunities for improvement that we and our physician and trainee colleagues across the Territory, encounter in the course of our work. They have been selected because we see clear potential benefits via improved patient outcomes and overall public health.

Over and above these priority areas, we seek a continued cooperative and productive relationship with the Government in the next term, as well as MPs of all parties, noting that the RACP routinely

makes important contributions and submissions to parliamentary (and other) inquiries, taskforces, panels, and reviews. As the professional organisation for physicians and paediatricians, the RACP is a key source of advice and expertise across specialist medicine, health, and health systems.

Our objective is to improve and optimise the Northern Territory health system so it continues to operate at a world-class level, delivering good health outcomes in a sustainable way that works well for patients and physicians alike. This will require innovation, increased efficiency and effectiveness, and a focus on integrated high quality, high value specialist care.

Our priorities

1. Climate change and health

The contribution of climate change to mortality and morbidity is leading to a serious health emergency that requires urgent and decisive government action by all levels of government.[2]

Australia's slow policy response to the impacts of climate change on human health puts pressure on healthcare services and personnel nationwide, as we saw with the '"Black Summer"' bushfires of 2019-20[3]. Promoting and protecting human health is the core business of healthcare, necessitating urgent transition to zero emission renewable energy.

The RACP is part of a large and growing global network of health and medical organisations calling for action on climate change, including more sustainable healthcare and evidence-based strategies for management of extreme weather related risks to healthcare infrastructure, operations and personnel. The RACP's policy contribution includes our Climate Change and Health Position Statement, a Position Statement on Environmentally Sustainable Healthcare, and a Position Statement on the Health Benefits of Mitigating Climate Change.

Extreme heat events in Australia have been more fatal than all other natural hazards combined and will increase without climate action and adaptation.[4] We note 2018 was Australia's third-warmest year on record, with extreme temperatures and an extended period of heatwaves.[5]

There is a clear nexus between increasing number of dangerously hot days (which themselves constitute a risk to health and life), housing that is insufficiently well designed or maintained, and reliance on fossil fuels to generate electricity to cool those premises (if and when air conditioning is available and affordable to run in the first place). The NT Government has a role to play in every aspect of that nexus.

We are alarmed by the credible and concerning predictions made by the Central Australian Aboriginal Congress in its 2018 submission to the NT's Climate Change consultation (emphasis in original):

> "*Increased sickness and mortality due to heat stress* with Aboriginal people particularly vulnerable due to poorer underlying health in general and higher rates of cardio-respiratory disease in particular.
>
> "*Increased food insecurity and malnutrition* with remote Aboriginal communities particularly vulnerable due to pre-existing poverty and poor access to healthy food, and expected increases in prices of food and damage to ecosystems that disrupts access to traditional foods.
>
> "*Increased risk from infectious disease* and increased range of some vector-borne diseases. Remote Aboriginal communities are particularly vulnerable to food- and water-borne disease – in Central Australia there is already a high incidence of Aboriginal children being admitted to care with diarrhoea, and nationally such admissions are predicted to rise by up to 18% by 2015.[6]

There is a growing literature on the potential phenomenon of migration as adaptation to climate change in the Northern Territory.[7] There is already high quality reportage[8] that increased heat, decreased reliable access to water, and other related phenomena are already causing population redistribution within the Northern Territory. This should be expected to continue and potentially increase, bringing a range of predictable and unpredictable consequences.

In order to address these increasing risks, the RACP urges the incoming government to advocate for and contribute to the development of a coordinated national climate and health strategy. This should be closely aligned with other prevention strategies using jurisdictionally appropriate policies such as obesity prevention (e.g. incentivising increasing physical activity through active transport); increasing fresh vegetable intake; improving the energy efficiency of private homes and non-residential buildings of all kinds; and reducing as much as possible the reliance on private transport.

The RACP advocates action that will result in improved population-wide health and environmental outcomes and urges more proactive actions on climate change health-related responses. We acknowledge the unique policy challenges the demography and geography of the NT pose, with the largest source (58%) of emissions via land use (including agriculture), land use changes, and forestry.[9] We urge the incoming government to enact legislatively binding targets for emissions across all sectors to replace the current non-binding 2030 target for renewables and non-binding 2050 target for zero net emissions.

The RACP is proud of the multiple roles physicians play in promoting action on climate change.[10] These include educating the health sector, delivering more sustainable healthcare, raising community awareness, and influencing public policy.

At a local level, many RACP Fellows and Trainees have already begun to address climate change in the public and private hospital sector and in their private practices by promoting initiatives aimed at "greening the healthcare sector" (such as the introduction of more energy efficient lighting and reduction of wastage). We also recognise the steps the NT has already taken towards environmental sustainability in healthcare and sustainable environments for a healthy lifestyle.

To maximise the potential health benefits of mitigating climate change, the incoming government should:

- deliver on the NT's share of a global solution to global warming with a transition from fossil fuels to zero emission renewable energy across all economic sectors, with support to affected communities.
- improve the supply and quality of housing to meet the real demand, calculated on a non-crowded basis[11], in an energy efficient way including access to affordable renewable energy sources to cool homes safely and in a way that does not further contribute to the problem.
- ensure that opportunities for improved community health, such as availability and accessibility of public and active transport and green spaces, sustainable and resilient housing and non-residential buildings, are incorporated into the planning phase of new developments, by using environmentally and health-sensitive urban planning.
- ensure strong adaptation, emergency and response planning for extreme weather events, including heatwaves and fires.
- develop strategies for heat hazard reduction, including warning systems and procedures.
- contribute to the development and implementation of a coordinated national climate and health strategy that meaningfully and measurably reduces the risks to health, and realises the health benefits of climate adaptation and risk mitigation.incentivise a local research

capacity into climate change adaptation and health promotion, including by Indigenous led organisations and people.

We acknowledge that Aboriginal and Torres Strait Islander peoples have sustainably cared for this land for countless generations over many tens of thousands of years. Climate change has a disproportionate effect on areas of Aboriginal and Torres Strait Islander land and sea; in turn, it has correspondingly deleterious effects on cultural practices that Australia, via the operation of international treaties, recognises as a right of Indigenous peoples. This is therefore not merely an environmental problem but a human rights challenge, and a matter of Indigenous justice and equity as well as environmental sustainability.

2. Alcohol in the NT

Despite ongoing and concerted advocacy from public health experts, including the RACP, alcohol remains the most harmful drug in Australia and a leading contributor to disease. Alcohol is responsible for 4.6 percent of the total disease burden across Australia and is a factor in over 30 diseases and injuries. According to a report on the national burden of disease, at 8.5 percent the NT had Australia's highest rate of burden attributable to alcohol use.[12] The total social and economic costs and harms of alcohol in the NT have been estimated at $1.38 billion per year.[13]

While the prevalence of Fetal Alcohol Spectrum Disorders (FASD) in the NT – and in Australia – is unknown, it is believed that nationally alcohol is the most common preventable cause of neurodevelopmental disability. Qualitative reporting from the NT public service indicates that many Territory children who had been exposed to prenatal alcohol are experiencing learning and emotional difficulties, and that a considerable number of affected young people are coming into contact with the juvenile justice system.[14]

All candidates and parties at this election should publicly commit to protecting minimum unit pricing regulation, where the Territory leads the nation. Over the last 24 months, the Northern Territory has witnessed credible and encouraging improvements in alcohol harm prevention and treatment outcomes thanks to the introduction of a suite of reforms under the Alcohol Harm Minimisation Action Plan.

The College welcomes these positive developments and calls on the incoming government to capitalise on these achievements by the following strategies and actions:

Using price signals and targeted investment to amplify harm minimisation
Recommended actions:

- Consolidate and further enhance the outcomes of the harm minimisation measures introduced as part of the Action Plan, including the pioneering implementation of a minimum unit pricing.
- In national contexts and fora, promote and support the introduction of the minimum unit pricing in other jurisdictions.
- Invest in alcohol and other drug treatment sector reform through access to a multidisciplinary workforce and increasing workforce capacity through professional development, investment in physical infrastructure, addressing unmet demand for treatment and providing for a range of treatment models, as set out in Menzies' Demand Study for Alcohol Treatment Services in the NT[15].
- Increase funding for prevention services to reduce the incidence of alcohol and other drug use disorders.

Improving data collection to ensure targeted and evidence-based policy responses
Recommended actions:

- Put in place appropriate infrastructure and data collection systems for alcohol-related medical consultations, emergency department presentations and hospital admissions, and for other key issues such as family violence. It is recommended that the current trial of the Cardiff model in the emergency departments in Darwin and Alice Springs be expanded, upon positive evaluation, to other locations across the Territory.
- Introduce a system for ongoing monitoring of alcohol-related harm, including harm to others, especially within the hospital sector, and for monitoring and analysis of assessments and diagnoses of FASD, as set out in the NT's first FASD Strategy 2018-2024.[16]

Reducing the rates of FASD and other alcohol-related physical and psychological health outcomes connected to alcohol use in pregnancy and breastfeeding

Recommended actions:

- Educate communities, particularly high-risk communities, on the harms of alcohol use in pregnancy and breastfeeding.
- Support the national rollout of the warning labelling scheme for alcohol products in pregnancy, as recommended by FSANZ.
- Ensure appropriate dissemination of the new national NHMRC guideline on alcohol use in pregnancy and breastfeeding (once finalised) to health professionals and the public and encourage health professionals to talk about alcohol consumption during pregnancy with women who are pregnant or seeking to fall pregnant
- Provide routine screening and early interventions for women of reproductive age who use alcohol or have alcohol dependency.
- In accordance with the NT FASD Strategy and building on the current work with the Primary Health Network, Aboriginal Medical Service and the Aboriginal Community-controlled health sector in Darwin and Alice Springs, establish and expand specialist multidisciplinary assessment and treatment clinics to meet the needs of women, children and families across the Territory.

Strengthening licensing provisions

- Improve monitoring of and compliance with the existing and upcoming regulations for licensed venues and off-licence liquor sales premises, especially in relation to online sales and home delivery.

3. Indigenous health (especially access to specialist care for Aboriginal and Torres Strait Islander people)

Aboriginal health leadership and genuine self-determination are crucial to achieving improved health outcomes. The Aboriginal Community Controlled Health sector is of vital importance in delivering effective, culturally safe care to Australia's First Peoples, and service development and provision should be led by Aboriginal and Torres Strait Islander health organisations wherever possible. Integrating specialist care into that sector on communities' terms, with their priorities and needs at the fore, is a challenge and responsibility for the incoming government and medical specialists alike.

The RACP's Aboriginal and Torres Strait Islander Health Committee has developed the Medical Specialist Access Framework, a strengths-based guide for health sector stakeholders to promote and support equitable access to specialist care for Australia's Indigenous peoples. The Framework is the RACP's principal contribution to Strategy 1B of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023. The RACP Northern Territory Regional Committee strongly supports the use and promotion of the Framework in health systems planning and evaluation.

The Framework includes case studies of innovative and successful models of providing improved access to specialist care for Aboriginal and Torres Strait Islander people, including two case studies in the NT.

We know there are other successful models of specialist care in the NT and would like to work with NT Health and the incoming government to promote and expand the Medical Specialist Access Framework, which aims to connect stakeholders involved in delivering specialist medical care including patients, carers, communities, funders, facilitators, service providers and individual medical specialists and other health practitioners.

The incoming government should:

- Prioritise and support the leadership and engagement of Aboriginal and Torres Strait Islander leaders and communities within the NT to reflect the new reform priorities underpinning a new national agreement of the Coalition of Peaks and Australian Government, particularly "develop and strengthen structures to afford Indigenous shared decision making at the national, state and local level"[17].
- Prioritise and support the transition of primary health care services to Aboriginal Community Control, where appropriate.
- Support community led early childhood services.
- Prioritise community engagement and leadership for public health programs.
- Prioritise equitable access to specialist care for Aboriginal and Torres Strait Islander people in the NT. This requires systems and mechanisms to drive regional collaboration in identifying and planning specialist healthcare service provision for Aboriginal and Torres Strait Islander people.
- Properly quantify the need for specialist services and plan to ensure this is appropriately met, via regular and comprehensive quantified needs analyses that are conducted in partnership with Aboriginal and Torres Strait Islander people, communities, and peak organisations.
- Encourage the use of the RACP's Medical Specialist Access Framework in the health services that are run and funded by the NT.
- Prioritise Aboriginal and Torres Strait Islander communities when formulating plans to combat any second wave of novel coronavirus infections.

4. Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD)

The Northern Territory has the highest rate of Rheumatic Heart Disease is the world, the burden of which falls almost exclusively on Aboriginal and Torres Strait Islander Northern Territorians. We call on the incoming government to make a public, funded, and rock-solid commitment to ending this insidious inequity, and to increase the accessibility and quality of care provided to RHD-affected people who will remain affected throughout their lives.

The strategy exists: The RACP is one of many organisations to have endorsed the 2020 Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (3rd edition).

We also support the RHD Endgame Strategy, a 11-year plan to achieve disease control by 2031.

Importantly, ending RHD will require long term commitments over the course of many terms of parliament, and will require some changes to service delivery in portfolios well beyond health.

RHD is an outcome of adverse Social Determinants of Health, and a poverty-linked disease: it arises from acute rheumatic fever (ARF), which is a complication of Group A Streptococcal infection (usually of the skin or throat). Conditions and factors conducive to Group A Streptococcal infection are prolific across the Northern Territory: household overcrowding, limited household sanitation facilities or facilities in poor repair, educational attainment, income, employment status, nutrition level, and overall socioeconomic status.[18]

Overcrowded housing for Indigenous people is a major problem in the Northern Territory and contributes to increased rates of infectious diseases.[192021] It is associated with the spread of ear and eye diseases, skin infections, respiratory infection, and streptococcal infections. The incoming government should prioritise strategies which improve access to education and increase educational participation for Aboriginal and Torres Strait Islander people across the Northern Territory, including early childhood education.

Over and above the RHD challenge, we advocate a Health in All Policies approach including a strong focus on health prevention. The absence of a clearly defined preventive health strategy in Australia is problematic, especially with chronic conditions such as heart disease, kidney disease, cancer and type II diabetes.

Governmental investment in preventive health improves the population's health and is critical to the long-term sustainability of the Northern Territory healthcare system. Social determinants of health exacerbate diseases and illness, broadly in alignment with societal inequity; similarly, addressing social determinants of health will reduce the burden of disease, resulting in savings for the funders of the public health system and consequent boosts to economic development.

We acknowledge the prominent inclusion of prevention in the Northern Territory Health Strategic Plan 2018-2022, and urge incoming government to embed the next iteration of that plan in its priorities across government, with a special focus on preventable diseases such as RHD that disproportionally affect Indigenous people.

The incoming government should:

- Recognise RHD as an indicator of serious deprivation and address both the underlying poverty, cljnical risk factors, and disease itself.
- Commit to the eradication timeline specified in the RHD Endgame Strategy, which the RACP has endorsed
- Commit to appropriate resourcing for Endgame activities, health promotion, and monitoring, and workforce requirements to these ends in the NT, and fund and coordinate care in accordance with the 2020 Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (3rd edition), which the RACP has also endorsed.
- Commit to making the entire approach to RHD a whole-of-government approach, with the necessary portfolio ministers in non-Health portfolios (e.g. housing, education, Treasury) playing active and effective parts.

5. Raising the age of criminal responsibility

The RACP, along with the Australian Medical Association[22] and the Australian Indigenous Doctors' Association[23], recommends that the minimum age of criminal responsibility be raised to at least 14 years of age in all Australian jurisdictions. It is inappropriate for 10 to 13 year olds to be in the youth justice system.

Children aged 10 to 13 years old in the youth justice system are physically and neurodevelopmentally vulnerable. Most children in the youth justice system have significant additional neurodevelopmental delays.

Children aged 10 to 13 years old in juvenile detention have higher rates of pre-existing psycho-social trauma which demands a different response to behavioural issues than older children.[24]

A range of problematic behaviours in 10 to 13 year old age children that are currently criminal under existing Australian law are better understood as behaviours within the expected range in the typical neurodevelopment of 10 to 13 year olds with significant trauma histories (typically actions that reflect poor impulse control, poorly developed capacity to plan and foresee consequences such as minor shoplifting or accepting transport in a stolen vehicle).[25]

Given the high rate of neurodevelopmental delay experienced by children in juvenile detention, including conditions such as Fetal Alcohol Spectrum Disorder (FASD) and delayed language development, these behaviours often reflect the developmental age of the child, which may be several years below their chronological age. Determining criminal responsibility on the basis of a chronological age is inappropriate for children who may have a much lower developmental age due to a number of medical and developmental conditions.

Young children who exhibit problematic behaviour as a result of their neurodevelopmental conditions, and their families, need appropriate healthcare and protection. Involvement in the youth justice system is not an appropriate response to addressing problematic behaviour that stems from these conditions. It further damages and disadvantages already traumatised and vulnerable children.

The RACP position statement on the Health and Wellbeing of Incarcerated Adolescents provides further detail on the health issues of young people in contact with the criminal justice system.

The incoming government should:

- Support and fully implement the recommendations of the Royal Commission into the Protection and Detention of Children in the Northern Territory.
- Support raising the age at meetings of the Council of Attorneys General and to the extent possible within the NT criminal system.
- Commit to reducing the high rates of incarceration of Indigenous young people in the NT, both over and under 14 years of age.

The Way Forward

High quality and local training of junior doctors, including physician trainees, is crucial to ensuring the availability of a competent specialist workforce to meet current and future healthcare needs.

For example, we have been encouraged by collaborative efforts between NT Health and members of the Australasian Faculty of Public Health Medicine (AFPHM), a faculty of the RACP, aimed at maintaining the local capacity to train public health physicians.

Public health physicians – never more vital than in a worldwide viral pandemic – have a long and proud history of effective public health contributions to the NT population that cannot be replaced by practitioners without the accredited AFPHM training.

We are pleased to see that NT Health has made recent progress on our agreed course of action to safeguard the training role of public health physicians in the NT, and we look forward to continued cooperation and progress.

The incoming government must be cognisant of, support, and value the contribution made by physicians to training junior doctors within the NT health system. Direct clinical care is the ultimate role of most specialist medical practitioners, but their duties to that end include indispensable but non-clinical activities such as supervision, research, mentoring, and management.

The incoming government should acknowledge that these activities constitute an essential investment in the Northern Territory's future specialist workforce, including in specialties with relatively few practitioners in the Territory, and:

- Recognise that the training of physicians is an integral part of the delivery of healthcare services, and commit to services having adequate physical resources and sufficient protected time for teaching, supervision, and research.
- Support the health and wellbeing of physicians and physician trainees, and collaborate with sector partners in improving training environments and medical professional culture.
- Continue to work with the Commonwealth and other State and Territories in undertaking workforce planning.
- Ensure that any post-election new directions in clinical workforce policies (regardless of the election's outcome) are only developed and implemented with appropriate consultation with, and appropriate input and leadership from, physicians and the RACP.

The RACP calls on all political parties and candidates to make a commitment to the health of all people in the NT that extends beyond the election cycle, and to engage and work with key health stakeholders to deliver effective evidence-based and expert-informed health policies.

Developing relationships with government in support of RACP advocacy priorities is both a commitment of the RACP Board[26] and an identified priority for the NT Regional Committee.

We therefore look forward to working collaboratively with the incoming government, as well as all successful candidates, to improve the health of all people in the NT.

To provide us with a response to these election priorities, which we will make available to physicians and trainees across the Territory before the election, or to seek more information about the RACP and the NT Regional Committee, please contact Ms Katherine Economides, Senior Executive Officer, by emailing RACPNT@racp.edu.au.

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[1] For a diagram showing the diversity of RACP medical specialities, training programs, and qualifications, see of the RACP Strategic Plan 2019-2021, p. 25.

[2] Solomon CG and RC LaRocque 2019. Climate Change — A Health Emergency. N Engl J Med 2019; 380:209-21.

[3] Vardoulakis S, Jalaludin B, Morgan G, Hanigan I, Johnston F. (2020) "Bushfire smoke: urgent need for a national health protection strategy" Med J Aust 2020; 212 (8): 349-353.e1. Available from: https://www.mja.com.au/journal/2020/212/8/bushfire-smoke-urgent-need-national-health-protection-strategy#4

[4] Coates L., Haynes K., O'Brien J., McAneney J., De Oliveira F.D. Exploring 167 years of vulnerability: An examination of extreme heat events in Australia 1844-2010. Environmental Science and Policy 2014; 42:33-44.

[5] Australian Government Bureau of Meteorology. Annual climate statement 2018 and Special Climate Statement 68.

[6] Submission to the Northern Territory Government on the development of a *Northern Territory Climate Change Strategy* by the Central Australian Aboriginal Congress, p. 6.

[7] For example, see Migration as an Adaptation to Climate Change for Remote Indigenous Communities: What might we expect?, research brief, The Northern Institute (Charles Darwin University, 2014).
[8] For example, see Too hot for humans? First Nations people fear becoming Australia's first climate refugees (Guardian Australia, 18 December 2018).
[9] See NT Climate Change Discussion Paper, 2018. P. 11.
[10] RACP Position Statement: Environmentally sustainable healthcare (2016)
[11] https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2018/contents/overcrowding-and-underutilisation
[12] https://www.aihw.gov.au/getmedia/34569d3a-e8f6-4c20-aa6d-e1554401ff24/aihw-bod-19.pdf.aspx?inline=true
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[17] https://closingthegap.niaa.gov.au/joint-council
[18] Coffey, Pasqualina M et al. "The role of social determinants of health in the risk and prevention of group A streptococcal infection, acute rheumatic fever and rheumatic heart disease: A systematic review." *PLoS neglected tropical diseases* vol. 12,6 e0006577. 13 Jun. 2018, doi:10.1371/journal.pntd.0006577
[19] Nina Lansbury Hall & Lucy CROSBY (2020) Climate Change Impacts on Health in Remote Indigenous Communities in Australia, International Journal of Environmental Health Research, DOI: 10.1080/09603123.2020.1777948
[20] Hall, Nina L., et al. Pilyii Papulu Purrukaj-ji (Good housing to prevent sickness): a study of housing, crowding and hygiene-related infectious diseases in the Barkly Region, Northern Territory. (2020).
[21] Andersen MJ, Skinner A, Williamson AB, Fernando P, Wright D. Housing conditions associated with recurrent gastrointestinal infection in urban Aboriginal children in NSW, Australia: findings from SEARCH. *Aust N Z J Public Health*. 2018;42(3):247-253. doi:10.1111/1753-6405.12786
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[23] https://www.aida.org.au/wp-content/uploads/2018/03/20171121-JOINT-MEDIA-RELEASE-Rasie-the-age-PR_PDF.pdf
[24] Abram KM, Teplin LA, et al. *Posttraumatic Stress Disorder and trauma in youth in juvenile detention*. Archives of General Psychiatry, 2004. 61. 403–410
[25] Johnson, Sara B. et al. Adolescent Maturity and the Brain: T*he Promise and Pitfalls of Neuroscience Research in Adolescent Health Policy* Journal of Adolescent Health, Volume 45, Issue 3, 216 - 221
[26] See Goal 5, Advocacy & Influence, of the RACP Strategic Plan 2019-2021, p. 20.