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The Portrayal of Indigenous Health in Selected Australian Media

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Abstract

It is acknowledged that health outcomes for Australian Indigenous peoples are lower than those of non-Indigenous Australians. Research suggests negative media in relation to Indigenous Australians perpetuates racist stereotypes among the wider population and impacts on the health of Indigenous Australians. This study examined the media portrayal of Indigenous Australian public health issues in selected media over a twelve month period and found that, overwhelmingly, the articles were negative in their portrayal of Indigenous health. A total of 74 percent of the coverage of Australian Indigenous related articles were negative, 15 percent were positive, and 11 percent were neutral. The most common negative subject descriptors related to alcohol, child abuse, petrol sniffing, violence, suicide, deaths in custody, and crime.

Keywords

Indigenous, Australia, media, health, news reporting

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Portrayal of Indigenous Health in Selected Australian Media

Aboriginal and Torres Strait Islanders (herein referred to as Indigenous Australian) comprise three percent of the Australian population (Australian Government, 2013). Distributed across the continent, Indigenous Australians are one of the most linguistically and culturally diverse populations in the world. It is commonly acknowledged that health outcomes for this group are lower than those of non-Indigenous Australians. Although progress has been made in closing the gap, Indigenous Australians continue to experience a lower life expectancy with the current gap between Indigenous and non-Indigenous estimated at 11.5 years for males and 9.7 years for females (Australian Bureau of Statistics, 2010). Traditionally, the responsibility for tackling ill health has fallen to the health sector. While delivering health to those in need is one of the social determinants of health, the high burden of illness in many cases is due to the poor environmental conditions in which people are born, grow, live, work, and age. These unequal conditions are, in turn, a product of bad politics, poor social policies and programs, and unfair economic arrangements (World Health Organisation, 2008).

According to Calma (2013), the poor health of Indigenous Australians is a result of a failure to realise the right to health for Indigenous Australians. Indigenous Australians have not had the same opportunities to be as healthy as other Australians or been able to take effective action to remedy long-standing and substantial health inequalities due to the relationship with mainstream society and services. Making sense of the cultural health status of Australian Indigenous peoples requires an understanding of the relationship between the colonisation process, trauma, and its impact on health. The trauma, grief, pain, and anger that have resulted from the assimilation, segregation, and protectionist policies of the past are still present in the lives of Australian Indigenous people (Hearn & Wise, 2004).

A parallel consideration is the definition that Australian Indigenous peoples have of health. The Social and Emotional Wellbeing Framework, developed by the Australian Government, acknowledges that wellbeing is part of a holistic understanding of life, integrating the life-death-life cycle. It recognises this whole-of-life view of health is essential to achieve positive life outcomes for Australian Indigenous peoples (Department of Health and Ageing, 2004). Although not recognised as a specific wellbeing factor within the above document, land has a powerful and persuasive underlying influence on Australian Indigenous wellbeing (Garnett & Sithole, 2007). The dispossession of Australian Indigenous people from their land and the subsequent loss of social, cultural, and financial capital has had a devastating effect on the health of Indigenous people worldwide (Hearn & Wise, 2004).

One of the factors impacting on the relationship of Indigenous Australians with mainstream society is the way in which the media portray Indigenous people and issues. There is growing research that suggests negative media portrayals in relation to Indigenous Australians perpetuates racist stereotypes among the wider population and that this type of racism has a major impact on the health of Indigenous Australians (Coffin, 2007; Larson, Gillies, Howard & Coffin, 2007; Sweet, 2009). Similarly, in New Zealand, a number of mass media studies identified that Māori health is often framed in the deficit model (Robson & Reid, 2001); the media are routinely reporting that the Māori peoples are over-represented in national disease statistics (Rankine et al., 2008) and are persistently constructed as sicker and poorer than members of the dominant cultural group (Moewaka Barnes et al., 2005). Nairn, Pega, McCreanor, Rankine, and Barnes (2006) also looked at media representation of Māori peoples in New Zealand and highlighted a number of examples where the media perpetuated racist discourse by using language that framed stories in a particular way (e.g.,

needy, passive objects of settler help), using only selective facts while leaving out crucial information, and excluding or conforming Māori stories to fit a certain ideology.

This study aimed to examine the media portrayal of Indigenous Australians' public health issues in selected media over a 12-month period. The objective was to determine the extent to which the portrayal was negative, positive, or neutral.

Methods

The data for this article were taken from the Public Health Advocacy Institute of Western Australia (PHAIWA) MediaWatch project. For context, Western Australia occupies the entire western third of Australia and has a population of approximately 2.5 million people. Of these, just under 90,000 are Indigenous Australians (Australian Bureau of Statistics, 2012).

The MediaWatch daily service collates and distributes data on the types and variety of health-related issues covered in selected news services. The service ascertains the coverage of public health and advocacy related topics in print media in *The West Australian* (Western Australia based paper; Monday – Saturday), *The Australian* (National paper; Monday – Saturday), *The Sunday Times* (Western Australia based paper; Sundays), and from the national Australian Broadcasting Corporation (ABC) online news service. MediaWatch is collated in a table format and provides the following information: date, sources, section, page and/or weblink, topic(s), headline and summary or précis of the article. The aim of the present review was to capture information on Australian Indigenous health reporting including the identification of whether each story was positive, negative, or neutral.

All articles from January to December 2012 were scanned and selected according to their relevance to Australian Indigenous health. To retrieve media stories relevant to Indigenous Australians' health, a matrix of search terms comprising four categories was developed. The categories and examples of search terms were as follows: Indigenous Australian terms (e.g., Aboriginal and Torres Strait Islander peoples, First Nation, etc.); public health issues identified as a priority issue addressed by PHAIWA (e.g., injury, alcohol, environment and health, obesity, child health, etc.); public health risk factor terms (e.g., fast food, sugar, hygiene, sanitation, suicide, education, etc.); and geographic terms (e.g., remote, regional, metropolitan, etc.). As PHAIWA operates on a social determinants of health philosophy, a broad range of risk factors that had the ability to impact on health and wellbeing were included.

Where permissible, Boolean or proximity searching within terms was used, allowing the combination of search terms to enable enhanced targeting of more specific areas. For example, the term alcohol appeared in the matrix and with Boolean or proximity searching could represent multiple terms such as alcohol-free communities or dry communities or alcohol abuse. Articles were excluded if they had a non-Australian focus, had a health care or health care providers focus, or had a specific clinical treatment focus.

During 2012, PHAIWA's MediaWatch program recorded 6,205 articles related to public health, advocacy, and PHAIWA's priority topics. The search strategy for Australian Indigenous articles yielded a total of 335 (5%) articles that uniquely addressed Australian Indigenous health. These articles were included for more detailed coding via a coding instrument and analysis.

Two experienced coders who collect data daily for the generic MediaWatch service were used to code and analyse the Australian Indigenous articles. The project manager provided the coders with additional training to capture and extract relevant information using the specific Australian Indigenous matrix of descriptive search terms. The coding instrument used in this study included items ($n = 42$ coding items) distributed across the following two major areas: publication sources (i.e., publication, date, headline) and news story message content, which included the following subcategories:

- Negative focus (e.g., abuse, racism, discrimination, inequity, poor, unhealthy, etc.),
- Positive focus (e.g. successful, healthy, cultural security, etc.), and
- Neutral focus (i.e., neither negative or positive).

Coding items within these subcategories consisted of a checklist of predetermined content terms (or keyword phases). However, given the diverse manners in which positive and negative health issues were described in the media, some terms were added throughout the analysis and related to rarely used adjectives (e.g., disgusting), similes, tonal qualities (e.g., sarcasm or emotional language), and metaphor use.

Each coder independently coded all sample stories and inter-coder reliability was supervised and established by the project manager. Any discrepancies, including the addition of new content terms, were reviewed and resolved through consensus between the trained coders and project manager.

Descriptive analyses entailing categorical and frequency distribution were conducted to examine the profile of the articles' content related to two areas: (1) publication type; and (2) the news stories' content features, including the articles' primary focus (i.e. positive, negative, or neutral).

An article's primary focus (i.e., positive, negative, or neutral) was determined by a combination of its headline, first paragraph, and the majority of text content. After reading the entire article, coders determined the primary focus.

Results

When examining those articles with relevance to Australian Indigenous health, the articles were overwhelmingly negative in their portrayal of Australian Indigenous health. The negative articles comprised 74 percent of the coverage of Australian Indigenous related articles, with positive coverage amounting to 15 percent. Neutral coverage totalled 11 percent. The most common subject descriptors for the negative Australian Indigenous related articles included alcohol, child abuse, petrol sniffing, violence, suicide, deaths in custody, and crime. Figure 1 shows a breakdown of the categorised articles by negativity, positivity, and neutrality.

Figures 2 and 3 show the breakdown of the negative and positive Australian Indigenous news articles by subject descriptor and indicate the most common negative subjects covered in the media articles related to alcohol, child abuse, petrol sniffing, domestic violence, deaths in custody, and crime. The four most common positive subject descriptors included education, role modelling for health, sports, and employment.

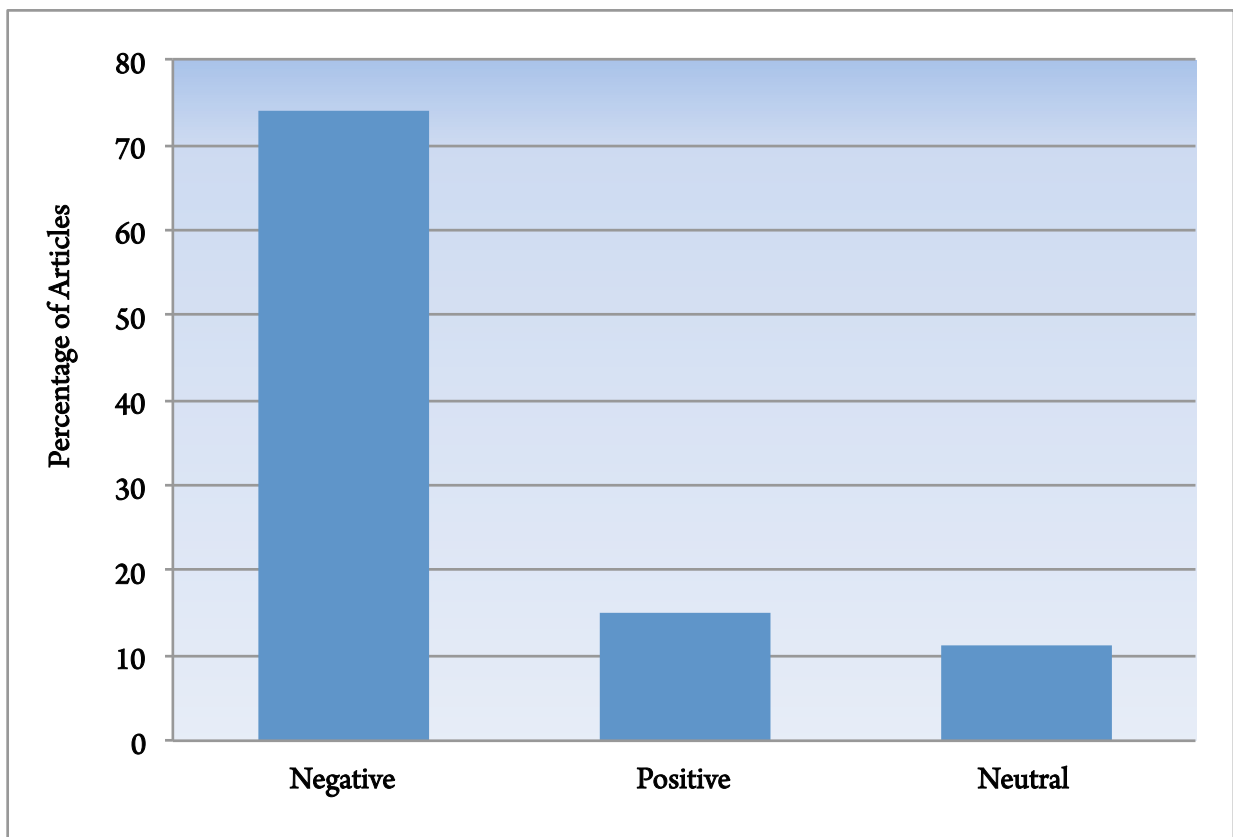


Figure 1. Percentage of news articles categorised as negative, positive, or neutral in their portrayal of Australian Indigenous health.

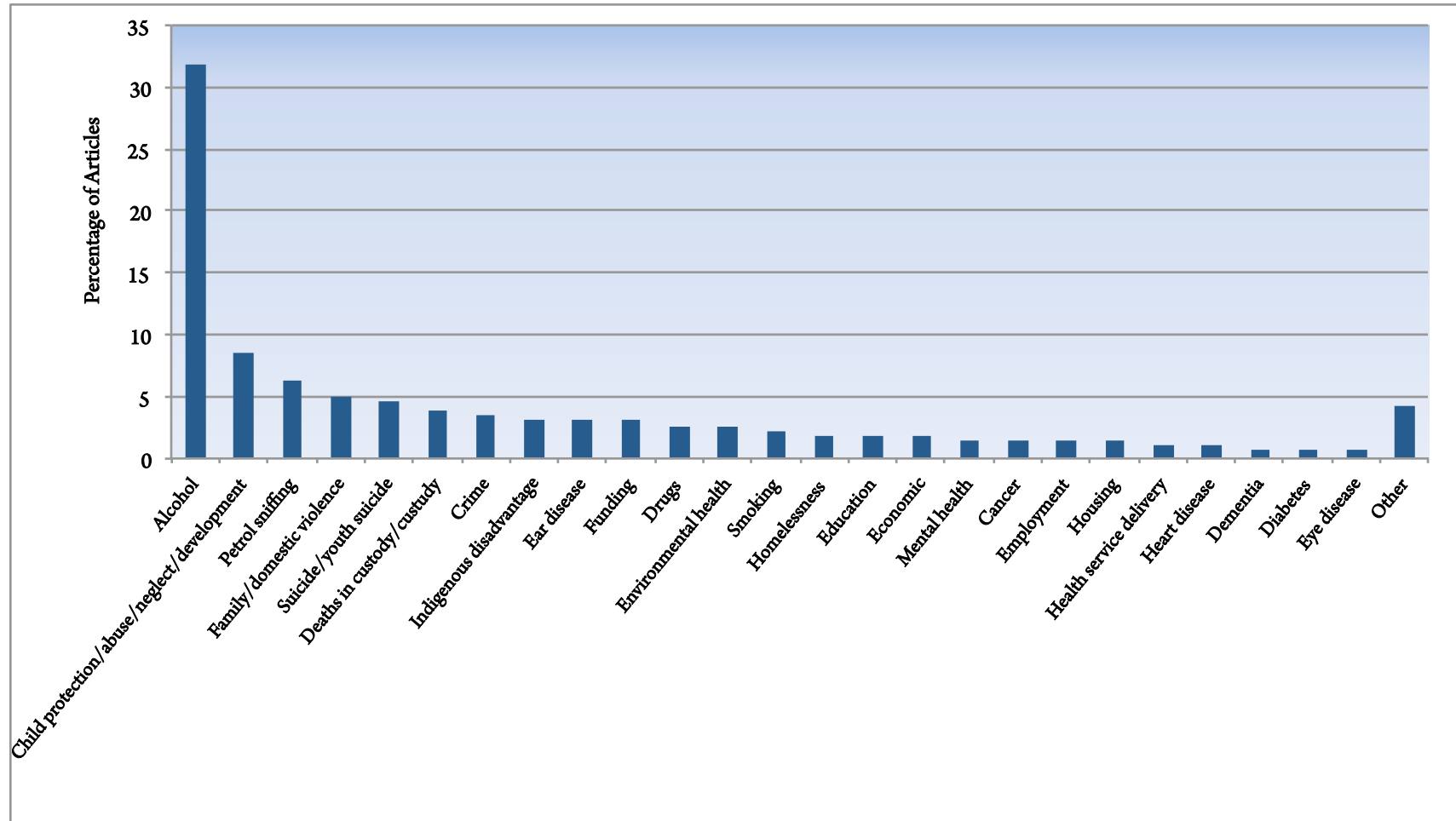


Figure 2. Percentage of news articles categorised as negative by specific subject descriptor.

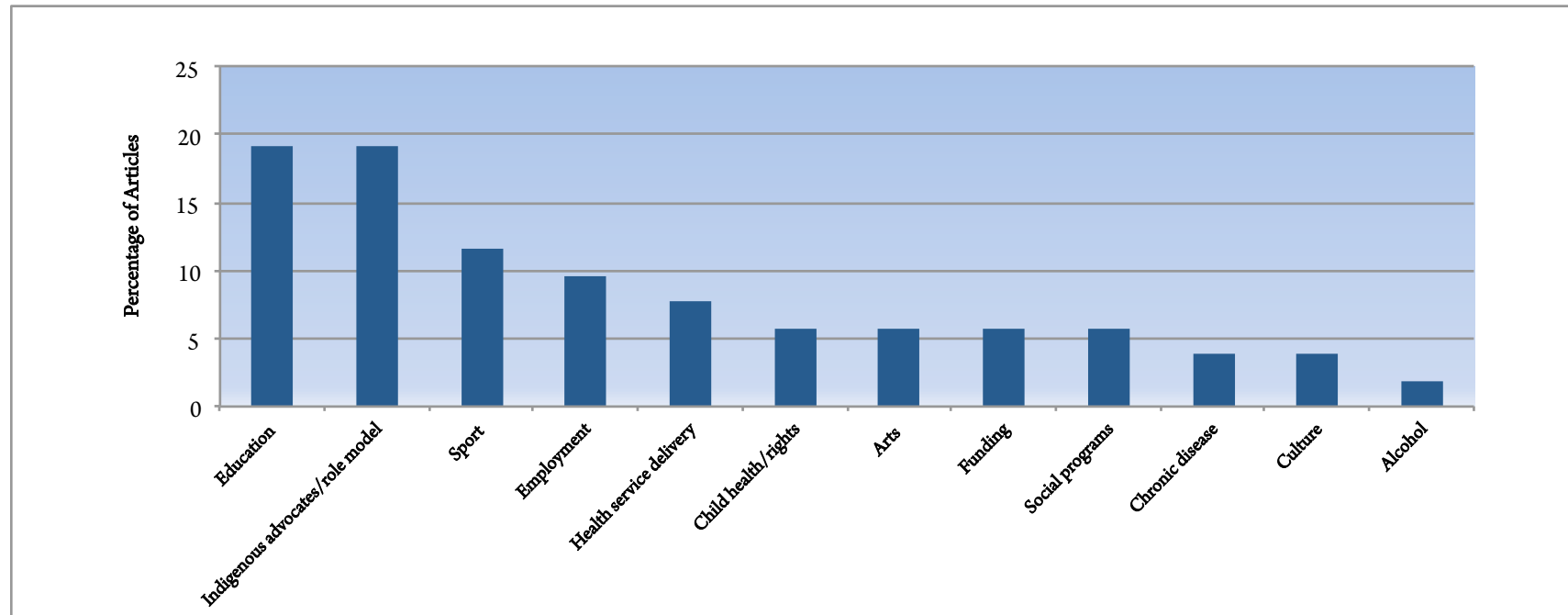


Figure 3. Percentage of news articles categorized as positive by specific subject descriptor.

Discussion

Negative news reporting not only impacts upon the self-esteem of Australian Indigenous people, but also serves to perpetuate and justify negative Australian Indigenous stereotypes among the mainstream society and the prejudice and discrimination that is associated with such stereotypes (Balvin & Kashima, 2012). It is argued that such discrimination should be acknowledged as an “upstream” determinant of health. Until changes occur in the way the dominant Australian culture perceives and behaves towards Australian Indigenous people, public health, education, and employment initiatives may prove futile in efforts to reduce health inequalities (Larson et al., 2007).

The findings from this small media content analysis project, which found that, during 2012, 74 percent of articles in selected media about Indigenous Australians were negative, show the type of coverage that researchers and practitioners involved in Australian Indigenous health are increasingly concerned about. This predominantly negative, stereotypical portrayal of Australian Indigenous communities has devastating effects. Racism that is perpetuated by influential figures in the public domain, in this case the media as the storytellers of our society, is particularly devastating in that it fuels racist attitudes among the general public (Nairn et al., 2011; Van Dijk, 1993). As prominent Australian Indigenous child health advocate Fiona Stanley argued, “the more that the dominant culture reports negative stories about Aboriginal people, the more that Aboriginal children feel bad about being Aboriginal” (cited in Sweet, 2009:3). Yet, it is not only children who are affected by this type of negative stereotyping. The disadvantage that Indigenous Australians suffer is a result of racism and oppression. When Australian Indigenous people are persistently portrayed as drunks, welfare dependents, and violent perpetrators, these stereotypes are often internalised and a sense of shame is experienced, which then presents barriers to participating in mainstream society, creating a cycle of disadvantage. Other pathways between racism and health include stress and other negative emotions; health damaging coping strategies such as drugs, alcohol, and smoking; and unequal access to health services and other resources required for health such as employment and housing (Nairn et al., 2006; Paradies, Harris & Anderson, 2008; Ziersch, Gallaher, Baum, & Bentley, 2011).

No one would argue that it is easy to generate negative stories about Australian Indigenous communities when we have reports stating that the estimated gap between Indigenous and non-Indigenous people’s life expectancy in Australia is greater than in New Zealand, Canada, and the United States of America (Australian Institute of Health and Welfare [AIHW], 2011), as well as the fact that Australian Indigenous mortality rates are 4 to 5 times higher than non-Indigenous rates for people aged 25- to 54-years (AIHW, 2013) and that Australian Indigenous employment rates fell from 48 percent in 2006 to 46.2 percent in 2011 (Australian Bureau of Statistics, 2012) and more than 26 percent of Australia’s adult prisoners are Indigenous, even though they represent just 2.5 percent of the country’s total population (Leigh, 2012). Although these issues are important to highlight, particularly from an advocacy perspective, they tell only half the story and rarely provide positive aspects or hopes for the future. The challenge is to draw attention to these issues and create a balanced view of Australian Indigenous health to policymakers.

It would not be appropriate to criticise or blame the media in isolation for negative portrayals of Australian Indigenous health and other disadvantaged groups. Advocates for Australian Indigenous health and wellbeing often draw attention to the disadvantages faced by Australian Indigenous people. Indeed, the *Close the Gap* campaign is based on the premise that there should be more action to remedy the Aboriginal life expectancy gap, and to achieve health and life expectation equality for Australia’s Aboriginal and Torres Strait Islander peoples (Council of Australian Governments [COAG], 2007). Drawing attention to problems such as these is a legitimate and

well-trying approach for those who seek to generate action. Media coverage of disadvantage and negative outcomes is often presented by journalists not simply as a good story, but in response to comments by advocates for action and as a means of expressing and generating concern and outrage as part of seeking change. There is also an important and legitimate role for media in reporting and commenting on reports that provide evidence of disadvantage.

The intent of this article is not to criticise media for its portrayals, but to point to the opportunities for positive stories and to encourage health and other advocates to provide these stories to the media. There is a responsibility for those working in the field – academics, advocates, and others – to identify the good news and draw this to the attention of the media.

The perception that media are generally more interested in presenting bad news than good news is well founded in reality (Downie & Kaiser, 2002). Nonetheless, there is often a receptive audience for positive stories, particularly if well prepared and presented to appropriate media. Those concerned with generating change should not be discouraged from publicising the data that makes their case, but should be encouraged to seek out and provide media with the many positive stories that can help to portray Australian Indigenous communities and people much more optimistically.

One example of success in changing attitudes and beliefs towards positiveness is reflected in the work of Chapman who has achieved significant results in his efforts at media advocacy to change health policy, attitudes, and behaviours around issues such as tobacco control (Chapman, 2007), cancer (McKenzie, Chapman, Holding, & McGeechan, 2007) and obesity (Bonfiglioli, King, Smith, Chapman & Holding, 2007). In 2008, the Health Research Council of New Zealand funded a project titled, *Media, Health and Wellbeing*, with the aim being to improve media coverage in Aotearoa (Paradies et al., 2008). The Public Health Advocacy Institute of Western Australia has published a series of Australian Indigenous Storybooks that portray only positive stories describing how individuals or organisations have improved the health and wellbeing of their communities. These positive stories, written largely by Australian Indigenous practitioners, look more deeply into issues and illustrate responsible and less sensationalist reporting on a diverse range of topics and issues including personal journeys, Aboriginal art, language, education, sport, environmental stewardship, and preventive health projects (Public Health Advocacy Institute of Western Australia, 2013). Similar advocacy efforts to change the style of media reporting and mainstream attitudes towards Australian Indigenous issues are needed.

Recommendations

Changes in attitudes and beliefs can be achieved through a range of measures including mass media campaigns, media advocacy, and other approaches such as university courses that target prejudice and false beliefs (Balvin & Kashima, 2012; Paradies, 2005). Upskilling Australian Indigenous advocates in media advocacy is required. The Public Health Advocacy Institute of Western Australia (2013) conducts media training, and in our experience, many Australian Indigenous activists are not media savvy and have difficulty in getting their message out. Specialised advocacy training for Australian Indigenous practitioners may be one way of balancing the power relationship between journalists and Australian Indigenous people and could be an achievable strategy for public health professionals to pursue.

Public Health Advocacy Institute of Western Australia has also acknowledged that many Australian Indigenous people are hesitant about interacting with the media as they are often portrayed as always fighting and lacking leadership. Sweet (2009) recommended that, if the media wanted to engage a

broader range of Australian Indigenous voices and expertise, they would have to learn to work differently and invest the time needed to develop respectful relationships and trust. Therefore, a role for media organisations would be to develop ethical media policies and procedures that promote fair reporting of issues relating to Australian Indigenous communities, in addition to attending regular training on how to better promote cultural diversity in reporting.

Encouraging Australian Indigenous students to pursue university with a major in journalism would, in the longer term, ensure a balanced view to the reporting of Australian Indigenous issues.

Although this article has highlighted a number of examples to generate positive stories around Indigenous health issues, there is a clear need for more applied research and interventions to determine how best to combat negative stereotyping.

Public health advocates need to reflect on their practices, underlying values, and assumptions. There is a need to continue to challenge cultural norms and values and take more responsibility for counteracting the negative effects of routine media portrayal of Australian Indigenous peoples through many avenues. These may include the submission of Letters to the Editor of print media to respond to a negative story, the drafting of positive media releases, and ensuring efforts are not tokenistic but rather concerted and committed.

Limitations

As with all studies focused on the content of news texts alone, a limitation of this study is that we are unable to draw any conclusions about the impact of coverage on individual or community behaviours. Content analysis, however, is a valuable method to examine the context of communication around health. Though this study was exploratory in nature, it offers a first look at the landscape of the framing of messages and media around Australian Indigenous issues and could be used in future efforts to leverage the power of the media's role to improve health communication and public education about Australian Indigenous issues and reporting protocols.

Finally, the inductive approach to some description terms, where additional adjectives were added to the coding list as the analysis progressed, may have led to bias.

Conclusion

Based on the results from this study, mainstream media misrepresents Indigenous Australians as drunks, child abusers, and petrol sniffers. These are a serious public health issues, but the majority of Indigenous Australians live without the over-consumption of alcohol, domestic violence, and the sniffing of petrol.

The nature of media influence is constantly changing. Yet, the power and ever increasing potential of the media remains constant. Positive media waits to be tapped by those who advocate for "closing the gap" and improving Australian Indigenous health. Media can be a vehicle that constantly reminds people to value our first Australians and can be an advocacy tool to achieve policy change. Yet, with 74 percent of the selected media offerings from this study portraying negative stories about Australian Indigenous health, there is a continuing role for public health professionals to remain vigilant, seek out and report positive stories, and provide ongoing media advocacy training to minimise these negative influences. Continual portrayals of Australian Indigenous communities in a

negative manner only perpetuate ignorance in a world much closer in proximity than ever before, and a media industry that is driven by negative stories.

References

- Australian Bureau of Statistics. (2012). *Australian demographic statistics*. Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Sep%202012?OpenDocument>
- Australian Bureau of Statistics. (2010). *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*. Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter100Oct+2010>
- Australian Government: Department of Families, Housing, Community Services and Indigenous Affairs. (2013). *Closing the Gap: Prime Minister's report 2013*. Retrieved from http://www.fahcsia.gov.au/sites/default/files/documents/02_2013/00313-ctg-report_fa1.pdf
- Australian Institute of Health and Welfare [AIHW]. (2011). *Comparing life expectancy of Indigenous people in Australia, New Zealand, Canada and the United States: Conceptual, methodological and data issues* (Cat. no. IHW 47). Canberra: Author.
- Australian Institute of Health and Welfare [AIHW]. (2013). *Australia's welfare 2013* (Series no.11; Cat. no. AUS 174). Canberra: Author.
- Balvin, N., & Kashima, Y. (2012). Hidden obstacles to reconciliation in Australia: The persistence of stereotypes. In D. Bretherton & N. Balvin (Eds.), *Peace psychology in Australia* (197 - 219). New York (NY): Springer Science and Business Media.
- Bonfiglioli, C., King, L., Smith, B., Chapman, S., & Holding, S. (2007). Choice and voice: Obesity debates in television news. *Medical Journal of Australia*, 187(8), 442 - 445.
- Calma, T. (2013). *Indigenous health is a matter of human rights*. Retrieved from <http://www.theage.com.au/federal-politics/society-and-culture/indigenous-health-is-a-matter-of-human-rights-20091027-highk.html#ixzz2aP1ETN9I>
- Chapman, S. (2007). *Public health advocacy and tobacco control: Making smoking history*. Oxford: Blackwell.
- Coffin, J. (2007). Rising to the challenge in Aboriginal health by creating cultural security. *Aboriginal & Islander Health Worker Journal*, 31(3), 22 - 24.
- Council of Australian Governments (COAG). (2007). *Close the Gap*. Retrieved from <http://www.fahcsia.gov.au/our-responsibilities/indigenous-australians/programs-services/closing-the-gap>
- Department of Health and Ageing. (2004). *Social and emotional wellbeing framework – A national strategic framework for Aboriginal and Torres Strait Islander peoples mental, social and emotional wellbeing 2004 - 2009*. Canberra: Australian Government.
- Downie, Jr., L., & Kaiser, R. (2002). *The news about the news*. New York: Knopf.

- Garnett, S., & Sithole, B. (2007). *Sustainable northern landscapes and the nexus with Indigenous health: Healthy country, healthy people*. Canberra: Land and Water, Australian Government.
- Hearn, S., & Wise, M. (2004). Health promotion: A framework for Indigenous health improvements in Australia. In R. Moodie & A. Hulme, (Eds), *Hands on health promotion* (pp. 323 – 325). Melbourne: IP Communications.
- Larson, A., Gillies, M., Howard, P., & Coffin, J. (2007). It's enough to make you sick: The impact of racism on the health of Aboriginal Australians. *Australian and New Zealand Journal of Public Health*, 31(4), 322 - 329.
- Leigh, A. (2012). Private members' motion in the House of Representatives on reducing crime and incarceration rates. *Indigenous Law Bulletin*, 7(27), 9 - 11.
- McKenzie, R., Chapman, S., Holding, S., & McGeechan, K. (2007). A matter of faith, not science: Analysis of media coverage of prostate cancer screening in Australian news media 2003 – 2006. *Journal of the Royal Society of Medicine*, 100 (11), 513 - 521.
- Moewaka Barnes, A., Gregory, M., McCreanor, T., Nairn, R., Pega, F., & Rankin, J. (2005). *Media and TeTiriti o Waitangi 2004*. Auckland: KupuTaea.
- Nairn, R., Barnes, A., Rankine, R., Borell, B., Abel, S., & McGregor, T. (2011). Mass media in Aotearoa: An obstacle to cultural competence. *New Zealand Journal of Psychology*, 40(3), 168 - 175.
- Nairn, R., Pega, F., McCreanor, T., Rankine, J., & Barnes, A. (2006). Media, racism and public health psychology. *Journal of Health Psychology*, 11(2), 183 - 196.
- Paradies, Y. (2005). Anti-racism and Indigenous Australians. *Analyses of Social Issues and Public Policy*, 5 (1), 1-28.
- Paradies, Y., Harris, R., & Anderson, I. (2008). *The impact of racism on Indigenous health in Australia and Aotearoa: Towards a research agenda* (Discussion Paper No.4). Darwin: Cooperative Research Centre for Aboriginal Health.
- Public Health Advocacy Institute Western Australia. (2013). *West Australian Indigenous storybooks* (Editions 1-3). Retrieved from <http://www.phaiwa.org.au/component/attachments/download/109>
- Rankine, J., Nairn, R., Moewaka Barnes, A., Kaiwai, G. M., Borell, B., et al. (2008). *Media and TeTiriti Waitangi 2007*. TamakaMakaurau/Auckland: KupuTaea: Media and TeTiritiPorject.
- Robson, B., & Reid, R. (2001). *Ethnicity matters: Review of measurement of ethnicity in official statistics – Māori perspectives paper for consultation*. Wellington: TeRopuRangahauHauroraaEruPomare.

Sweet, M. (2009). *Is the media part of the Aboriginal health problem, and part of the solution? Inside story: Current affair and culture*. Retrieved from <http://inside.org.au/part-of-the-aboriginal-health-problem/>

Van Dijk, T. (1993). *Elite discourse and racism*. Newbury Park, CA: Sage.

World Health Organisation. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health: Final report of the Commission on Social Determinants of Health*. Retrieved from http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf

Ziersch, M.A., Gallaher, G., Baum, F., & Bentley, M. (2011). Responding to racism: Insights on how racism can damage health from an urban study of Australian Aboriginal people. *Social Science and Medicine*, 73, 1045 - 1053.