

Teleinterpreting and Health Services Delivery to Aboriginal Clients

Scoping Research and Capacity Development in the Aboriginal Interpreter Service
workforce and Health workforce in the NT

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AIMS

The aims of this paper are:

1. to raise research and policy questions at national, state and territory levels about the current circumstances of and future directions for Aboriginal interpreting and translating services in the NT, and elsewhere in Australia.
2. to identify education and training strategies to build capacity in the Aboriginal Health workforce and Aboriginal Interpreter Service (AIS) workforce in the NT to improve communication between health staff and indigenous clients.
3. to identify employment pathways for Aboriginal interpreters and translators, through the development of VET competencies and through the effective use of communication technologies.
4. to invite funding and in-kind partnerships to support a collaborative action research project to trial and evaluate education and training strategies, communication protocols and technologies for AIS tele-interpreting and translating purposes, in a limited number of urban, rural and remote locations of health service delivery to Aboriginal clients and communities in the NT .

BACKGROUND

In North and Central Australia, health staff typically cannot speak or understand the languages spoken by the majority of Aboriginal patients and their supporting kin. The patients and their families often sustain a lifestyle and ways of understanding their bodies, health, disease and treatment that are still strongly determined by traditional philosophies and cultural practice (see, for example, Devitt and McMasters 1998; Devanesen and Maher 2003). Even when Aboriginal people speak English, or Aboriginal English as a first language, serious communication difficulties may occur as a result of the complex sociolinguistic, cultural and political factors, which influence communication between different cultural groups (Cooke 1996a, 1996b). Yet it is well documented that patients' ability to make informed decisions about their health care, and to commit to treatment regimes, is much more likely if communication between patient and practitioner is effective (Ong et al. 1995).

Sharing the True Stories, a longitudinal study (2001-2005) funded by the Cooperative Research Centre for Aboriginal Health, in association with Charles Darwin University, the NT Department of Health and Community services and in-kind partnerships and industry grants, focused on identifying and addressing barriers to effective communication between Aboriginal client groups and health staff in renal and hospital services in the Northern Territory (NT).

Stage 1 of the study found that lack of shared understanding and miscommunication between health staff and Yolngu patients, a subset of Aboriginal patients accessing renal and hospital services in Darwin, seriously limited the patients' capacity to make informed choices about their health care (Lowell et al 2005, Cass et al. 2002).

Stage 2 of the project (Coulehan et al. 2005) implemented and evaluated strategies to improve communication between health staff and Indigenous clients in renal and hospital services in Darwin and in a number of remote communities in Arnhem Land. Research outcomes included institutionalising the use of Aboriginal interpreters in pre-admission clinics at the public hospital, and introducing sessions on effective use of Aboriginal interpreters into staff induction and professional development schedules

at renal unit and hospital. Educational resources were produced and cross-culturally evaluated by health professionals and Aboriginal interpreters and translators, patients and family and community participants. The heart, lung, kidney and haemodialysis 'stories' in CD, DVD and illustrated text formats variously target health staff, Yolngu interpreters, client and community groups, and wider cross-cultural audiences. The project website and Aboriginal Interpreter Service guidelines were officially launched in May 2004 by the NT Minister for Health at the opening of a self-care training facility for haemodialysis patients at the renal unit in Darwin (CDU 2004a) ¹

The long-term project increased awareness of and raised expectations about use of Aboriginal interpreters among participating health staff and Aboriginal client groups. Health policy-makers, middle managers within the health-system, and the wider community were engaged via official launches, publicity and Yolngu ceremony, highlighting the need for policy makers and service providers to 'get serious' about improving communication in Aboriginal health (CDU 2004b).

The project coincided with NT Renal Services roll out of the option for Aboriginal renal patients and their supporting 'buddy', or family member, to train in self-care haemodialysis at an urban renal unit, in preparation for returning to live in their remote home communities. Project participants, including Aboriginal interpreters, contributed to the self-care training program in Darwin, and to consultations in remote communities about self-care haemodialysis and support for renal patients and their families as they re-establish themselves in home communities. The opening of a self-care haemodialysis facility in a remote community in Arnhem Land in May 2005, the first of its kind in Australia (CDU 2005), provided project participants an opportunity to launch a DVD titled 'the dialysis machine story', an educational resource in Yolngu language, which was developed by renal staff and Yolngu interpreters and translators.

Towards the end of the action research project, demand for Aboriginal interpreters was increasing among general practitioners and specialists working in outreach programs in remote communities. However, local community clinics and Aboriginal controlled medical services across the NT lacked capacity to take advantage of AIS interpreters and translators. Although AIS is increasingly being recognised as an essential ancillary to medical and allied health services across the NT, significant limitations in uptake and effective use of Aboriginal interpreters were recorded within the scope of the research project. There were unresolved problems with timely access to Aboriginal interpreters across the range of languages and experienced in health interpreting. There was also evident need for medical practitioners and allied health staff to have more opportunities to be educated in effective use of Aboriginal interpreters (Coulehan et al. 2005).

ABORIGINAL INTERPRETER SERVICE: TRAINING & ACCREDITATION

In a ministerial statement delivered in the NT Legislative Assembly, the Minister for Local Government, Housing and Sport, which includes the Aboriginal Interpreter Service portfolio, stated that:

¹ <http://www.sharingtruestories.com>

In the Northern Territory, 70% of indigenous Territorians speak a language other than English at home. With indigenous Territorians making up around 30% of the population, this means that around one in five Territorians are automatically and significantly disadvantaged in their dealings with the health system. I do not need to remind the Assembly that indigenous health outcomes are the worst in the Territory and, indeed, Australia-wide (McAdam 2005:1).

The Aboriginal Interpreter Service (AIS) is a relatively new service, established in September 2001, following a Territory and Australian government agreement in July 2000 to fund AIS on a 50:50 basis. The funding agreement was re-negotiated in 2003 and renewed in 2005 with the Commonwealth Attorney-General's Department administering the AIS grant. While funding only extended until 30 June 2006, with no guarantee of future Commonwealth commitment, AIS was limited in its capacity to address demand-supply shortfalls and further develop Aboriginal interpreting and translating services.

Minister McAdam (2005) identified characteristics of and challenges to AIS. There was limited participation of Aboriginal men, with women interpreters comprising approximately two-thirds of the AIS workforce, while legal interpreting accounted for a quarter of AIS work. There is evident need for more male interpreters where the majority of Aboriginal clients requiring legal interpreting are men, and to improve Aboriginal men's access to health services. The Minister also noted the need to develop specialist linguistic databases, including legal and medical terminologies (McAdam 2005:2). Development of these resources is required to meet the demand of requesting agencies for Aboriginal interpreters in a range of languages and experienced in medical and legal interpreting.

While education and training to promote effective use of interpreters in urban hospital services requires consolidation, there is also a demand for AIS to develop and allocate resources for use in other health services, including community health centres in remote locations, where there has been a low uptake of interpreting services. By comparison, legal interpreting is happening regularly in circuit courts and bush sittings in the NT (McAdam 2005: 2). The Minister also argued that there is a need to provide further training and career development for the 80% of AIS interpreters, who are accredited at the paraprofessional level for the National Accreditation Authority for Translators and Interpreters (NAATI). Casual employment at the paraprofessional level 'does not allow for recognition of different skill levels and does not provide an incentive for further training and accreditation' (McAdam 2005:3).

A report on the feasibility of NAATI accreditation at professional level for AIS interpreters by Michael Cooke (2004:1) noted that no interpreter of an Aboriginal language had been tested or accredited above the NAATI paraprofessional level. There were no NAATI tests for Aboriginal languages beyond that level, yet NAATI accreditation at the professional level is the general national standard for court interpreting. NAATI accreditation at paraprofessional level represents competence in interpreting in 'non-specialised dialogues' and where 'specialised terminology or more sophisticated conceptual information is not required' (NAATI 2000:76). By implication, NAATI accreditation at paraprofessional level is not recommended for interpreting in many medical contexts (Cooke 2004:1). Cooke noted that AIS

interpreters accredited by NAATI at paraprofessional level demonstrate a range of competencies, and a number of individual interpreters with significant experience are interpreting beyond paraprofessional level, although they are not currently accredited or employed at a professional level. He concluded that there is potential to identify AIS interpreters for intensive training leading to NAATI examination for professional accreditation (Cooke 2004:2).

Research findings from Stage 2 concur with Cooke's report. A small group of Yolngu interpreters, who worked intensively with an interpreter mentor-trainer in hospital and renal unit contexts, and with the advantage of health education strategies and resources developed within the project, made observable gains in confidence and competence in health interpreting. The Aboriginal interpreters had no official recognition of their increased competencies and no pathway to education and training to achieve accreditation at professional interpreter level.

There is evident need for education and training providers, or approved consultants, to develop and deliver short courses and examination content and process, on foundation and advanced biomedical and health concepts within the existing Diploma, until an Advanced Diploma for Aboriginal interpreters and translators is developed. In addition to coursework, research findings suggest that Aboriginal interpreters would benefit from an in-service training program that consists of on-site placements with an interpreter trainer available to mentor them in various health contexts (hospital, renal unit, community clinics) (Coulehan et al., 2005:19, 21). A comprehensive strategy is required to further develop education, training and accreditation programs for Aboriginal interpreters and translators in a range of Aboriginal languages in demand in north and central Australia. While short courses may be an interim measure, the longer-term approach is for education and training providers to gear up the existing Diploma, and customise the Advanced Diploma in Interpreting as Cooke suggests (2004:2). Aboriginal interpreters and translators should have access to education and training programs that meet national accreditation standards and provide for career advancement.

ABORIGINAL INTERPRETER SERVICE: CAREER PATHWAYS

It is often difficult for AIS to match an interpreter, with the right combination of attributes including language, gender, accreditation, and location, to interpreting tasks in a timely fashion (Commonwealth Attorney General's Department, 2003:26). Currently, the majority of AIS work is on-site interpreting carried out by interpreters who are rostered to work in a particular location on a casual basis. The rostering system varies from location to location but is predominately organised on a rotation basis. The casual and rotational nature of employment inhibits interpreters from developing specialist knowledge and expertise in particular fields and does not foster career pathways. There is little opportunity to match interpreters with particular skills and experience with interpreting tasks under the current employment structure, which can impact on the quality of service provided.

In cases where an interpreter is not available in the immediate location, arrangements are made for one to travel, often by air travel to the task site, for example urban hospital and court, bush sitting or community clinic. Travel arrangements typically involve considerable social cost to interpreters and financial cost to AIS and client

service requesting the interpreter. There are a number of registered interpreters who are resident in rural and remote locations who are not currently employed on a regular basis and who have limited access to on-going training. With the introduction or extension of effective training programs and communication and information technologies, this larger pool of Aboriginal interpreters will become more available to and more effectively deployed by AIS and client services.

TELE-INTERPRETING SERVICES

AIS has been offering a small scale tele-interpreting service, primarily in legal and medical contexts, but it has limited capacity to develop this service to meet the growing demand. There is an urgent need to improve timely access to experienced AIS interpreters, as well as for interpreters employed by AIS to obtain regular work in their chosen place of residence, whether in urban, rural or remote locations. Advances in communication and information technologies present new means, more opportunities and expanded range for Aboriginal interpreting and translating services.

Potential advantages of tele-interpreting services include timely access to Aboriginal interpreters in a wider range of Aboriginal languages across geographical locations. While AIS administrative functions are centred in Darwin and Alice Springs, extension of services is required to regional centres and remote locations, including hospital, renal, clinic, and aged care services. Establishing an effective tele-interpreting system across rural, remote and urban locations will increase employment opportunities for Aboriginal interpreters and translators and has the potential to address the demand-supply gap.

At present, urban services particularly hospitals, courts and correctional services are major clients of AIS, thereby providing employment opportunities for Aboriginal interpreters and translators who live in town or are willing to travel on short notice. Many more registered interpreters living in remote communities lack employment opportunities. They should not have to uproot themselves and their families by moving to live in urban centres or to drop their home responsibilities at short notice in order to travel for work purposes. Within the framework of an expanded tele-interpreting service, there is potential for interpreting to be conducted from and in home communities. There is also the potential to recruit and retain more Aboriginal men in the AIS workforce, as well as Aboriginal people who have dropped out of employment as Aboriginal teachers and health-workers. An effective tele-interpreting service will reduce the economic and social costs of bringing interpreters, often by expensive air-travel, to client services requiring their skills.

It is relevant to consider the wider context of interpreting and translation services in Australia, and the role of the Commonwealth Translating and Interpreting Service (TIS). The TIS experience demonstrates that maintenance of a full after hours service comes at a high cost, but that otherwise, 'telephone interpreting is more cost-efficient than on-site interpreting- although of course not an adequate substitute' (Page 2001:4). TIS provision of tele-interpreting and translating tasks in Languages Other Than English (LOTE) is predominantly in languages of migrant rather than of indigenous Australians. Also TIS predominantly provides tele-interpreting and e-translation services, with on-site interpreting being in the minority of logged TIS tasks (Page, 2001:4).

Another consideration is that examination of interpreters for NAATI accreditation is predominantly done in audio only format, with the notable exception of the test process for accreditation of Aboriginal interpreters. A recent review of NAATI Test Administrative Processes (Cook and Dixon 2005:6) noted that the interpreting test process is typically in audio-tape to audio-tape circumstances, the rationale being that the benefits gained by standardisation of voices and test conditions outweighs the lack of non-verbal cues, such as the facial expressions and body language of interlocutors. The Reviewers concluded that NAATI's current model for standardised testing of interpreting is the best currently available. However, with advances in interactive video technologies 'a future model for interpreting tests could combine the desired standardisation of voice facility with an opportunity for candidates to access the non-verbal factors of interlocutors, thus rendering the test a more authentic instrument' (Cook and Dixon 2005:6).

The testing of AIS registered Aboriginal interpreters for NAATI accreditation purposes has typically been in face to face contexts, in round table or classroom settings designed to approximate on-site interpreting scenarios and dialogues. As training has been directed predominantly towards on-site interpreting, there has to date been no need to develop training resources and test procedures that simulate interpreting in distance mode, whether by telephone, voice over internet or video-conferencing. Similarly, there has been little or no research into the education, training and accreditation processes and resources required to develop the capacity of AIS in tele-interpreting and what telecommunication protocols, scenarios and technologies are most culturally appropriate and cost-effective.

CONNECTING HEALTH NETWORKS: STRATEGIES & FUNDING

Significant research and development is currently happening in regard to improving communication and information flow in health service systems in the NT, which is building capacity among participating medical practitioners and health staff to effectively use communication and information protocols and technologies. The Broadband For Health Programme (BFHP), a \$35 million Australian Government program, is providing broadband Internet access to GPs and Aboriginal Community Controlled Health Services (ACCHS) nationwide.² BFHP is a key component of the HealthConnect Implementation Strategy.³

HealthConnect, a national change management strategy, involves the Australian Government and State and Territory governments in working partnership with service providers, industry and consumers to improve safety and quality in health care. HealthConnect aims and strategies include improving availability of information by new methods of providing health care including coordinated care pathways and health call centres; and increased consumer autonomy resulting from being better informed and involved in decisions about their health (Commonwealth of Australia 2005:5).

² <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-ehealth-broadband-index.htm>
Viewed 26 October 2005.

³ <http://www.healthconnect.gov.au/pdf/implementation.pdf> Viewed 26 October 2005.

Within the BFHP and HealthConnect framework, the Australian Department of Health and Ageing and Territory Health Services (THS) have been collaborating to resource the uptake of broadband Internet applications by the Top End and Central Australian Divisions of General Practice and Primary Health Care NT (GPPHCNT) and Aboriginal Medical Services and Aboriginal Coordinated Health Care Services within the Aboriginal Medical Alliance NT (AMSANT). Practitioners and allied health staff are gearing up to take advantage of fast, secure communication and information flow, for example on patient discharge information and including by means of Voice over Internet Protocol (VoIP). Technology trials in the NT have also evaluated Voice over Satellite.⁴

Elsewhere in Australia, BFHP funding and HealthConnect Strategy, have been shaping communication and information exchange initiatives, for example in the Eastern Goldfields Regional Reference Site, which covers rural, remote and urban contexts in Western Australia where advanced broadband arrangements, including an Internet Protocol(IP) Virtual Practice Network (VPN) providing 'secure connectivity for phone, data, and video applications' are being trialled.⁵

In the NT, BFHP and HealthConnect funding and strategy frameworks, in partnership with DHCS, GPPHCNT and AMSANT, have real potential to improve communication and information exchange between health staff and Aboriginal client and community groups. Unfortunately, AIS and Aboriginal interpreters and translators remain outside of the loop, and the potential for AIS to further develop Aboriginal interpreting and translation services for health purposes, including by means of advances in communication and information technologies, remains largely un-resourced and under-developed.

Nationally, the AMA's Position Statement (2005:2) notes that 'Aboriginal peoples and Torres Strait Islanders have the poorest health of any group living in this country' and that "'hard to reach" populations are often blamed when conventional public health programs fail to improve their health status. Rather, they are often "locked out" of meaningful participation in more appropriate program design and development'. The AMA advocates 'that all government and private health providers have: a policy on recruitment and retention of Aboriginal and Torres Strait Islander staff; a Charter setting out the level of service an Aboriginal or Torres Strait Islander will receive; ...a system to provide interpretation and cultural support where necessary; [and] a cultural awareness and training programme to ensure all staff understand and implement the Charter commitments'.

AIS provides a leading model for Aboriginal interpreting and translation services within Australia. Aboriginal patients move across state and territory borders for hospital and specialist medical services, including for cardiac and cancer therapies that are not currently available in the NT. The Commonwealth, State and Territory governments have an obligation to see the expansion of AIS coverage of trans-border

⁴ Convergence e-Business Solutions, 2005. *Technology Trials for Satellite Mediated Wide Area Network Implementation of PIRS Systems*. Version 2.2, 04 May.

⁵ <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-ehealth-broadband-referenc>
Viewed 26 October 2005, page 1 of 3.

Aboriginal interpreting services, by inter-governmental policy and funding to support the development of a culturally validated, cost-effective Aboriginal tele-interpreting service. Despite its leading role in improving communication in health services delivery, AIS is largely 'locked out' of policies, strategies and funding arrangements, and advances in technology applications, that are currently improving communication and information flow in health services delivery in the NT and elsewhere in Australia.

RESEARCH & CAPACITY BUILDING

Research is needed to trial and evaluate what education and training strategies, communication protocols and technologies, and resource commitment would be required to develop the capacity of the Aboriginal Health workforce and the Aboriginal Interpreter workforce to effectively communicate and exchange information, in order to improve the safety and quality of health services delivery to Aboriginal client and community groups across the NT. It is proposed that, in a limited number of service locations and language group contexts, an audit of existing capacity is undertaken with a view to identify, trial and evaluate strategies to develop capacity of workforces to effectively deliver and uptake Aboriginal interpreting and translation services, including the use of advances in communication and information technologies.

This scoping paper suggests the need for research to:

- a) trial and evaluate different telecommunication technologies, including telephone, voice over internet, and videoconferencing for Aboriginal teleinterpreting purposes, in a representative number of urban, rural and remote locations of health services delivery.
- b) identify culturally appropriate and cost effective technologies and develop best practice protocols and strategies to support the education and training of AIS and Health workforces in effective use of Aboriginal interpreters and communication technologies.
- c) identify what partnerships and resources are required to further develop education, training and accreditation programs for Aboriginal interpreters in basic, advanced and more specialised interpreting tasks, including medical-health interpreting on-site and via communication technologies.

EXPRESSIONS OF INTEREST

Expressions of interest in and feedback on this draft paper are invited.

This draft is made available for circulation and feedback purposes, and is not for citation.

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