

NEW SOUTH WALES
**ABORIGINAL ORAL HEALTH
PLAN 2014-2020**



Health

NSW MINISTRY OF HEALTH

73 Miller Street

NORTH SYDNEY NSW 2060

Tel. (02) 9391 9000

Fax. (02) 9391 9101

TTY. (02) 9391 9900

www.health.nsw.gov.au

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Abbreviations and Acronyms

ACCHS	Aboriginal Community Controlled Health Services. This terminology is used in place of Aboriginal Medical Service or Aboriginal Health Service
ADA	Australian Dental Association (NSW Branch)
AH&MRC	Aboriginal Health and Medical Research Council
COHS	Centre for Oral Health Strategy NSW
DEC	Department of Education and Communities
GP	General Practitioner
HETI	Health Education and Training Institute
JH&FMHN	Justice Health and Forensic Mental Health Network
LHD	Local Health District
NSWK&F	NSW Kids and Families
PCIH	Poche Centre for Indigenous Health
PHN	Primary Health Networks
RFDS	Royal Flying Doctors Service



SECTION ONE

Introduction

The NSW Aboriginal Oral Health Plan 2014-2020 describes the strategic actions NSW Health will take to improve the oral health status of Aboriginal individuals, families and communities in NSW.

To achieve outcomes we must build strong partnerships based on mutual respect and trust with key partners, including Aboriginal communities, Aboriginal Community Controlled Health Services (ACCHSs), the Aboriginal Health and Medical Research Council of NSW, Local Health Districts (LHDs), Universities, and the Australian Dental Association (NSW Branch).

The importance of addressing oral health within Aboriginal communities has been recognised at a national and state level. The oral health status of Aboriginal communities is one of the seven key action areas of the National Oral Health Plan and is a key component of Oral Health 2020: A Strategic Framework for Dental Health in NSW.¹

Oral Health 2020 includes an action to: “Develop and implement an Aboriginal Health Services Plan to improve coordination of services. This will need to ensure that oral health services are culturally appropriate and create easy access and appropriate pathways for Aboriginal and Torres Strait Islander people”.¹

The NSW Aboriginal Oral Health Plan builds on this important strategic framework and is the first such plan for NSW. It has been developed in consultation with key stakeholders. It focuses on the need for ongoing commitment, partnerships based on mutual respect and trust, community ownership and the provision of culturally appropriate programs and services. The directions and objectives of the NSW Aboriginal Oral Health Plan complement the NSW Aboriginal Health Plan 2013-2023², the State Health Plan³, NSW Rural Health Plan⁴, NSW Health Professionals Workforce Plan 2012-2022⁵, and the Aboriginal Workforce Strategic Framework 2011-2015⁶ in achieving better oral health outcomes for Aboriginal people in NSW.

SECTION TWO

Core Principles

- **Cultural respect:** ensuring that the cultural diversity, rights, views, values and expectations of Aboriginal people are respected in the delivery of culturally appropriate health services.
- **A holistic approach:** recognising that the improvement of Aboriginal health status must include attention to physical, spiritual, cultural, emotional and social wellbeing, community capacity and governance.
- **Health sector responsibility:** improving the health of Aboriginal individuals and communities is a core responsibility and a high priority for the whole of the health sector. Making all services responsive to the needs of Aboriginal people will provide greater choice in the services they are to use.
- **Community controlled primary health services:** supporting the Aboriginal community controlled health sector in recognition of its demonstrated effectiveness in providing appropriate and accessible health services to Aboriginal communities.
- **Working together:** combining the efforts of government, non-government, community controlled sector, and private organisations within and outside the health sector, and in partnership with Aboriginal health sector provides the best opportunity to improve the broader determinants of health.
- **Promoting good health:** recognising that health promotion and illness prevention is fundamental to comprehensive primary health care and must be a core component of all health services for Aboriginal communities.
- **Building the capacity of health services and communities:** strengthening the delivery of health services and building community expertise to respond to health needs. This includes effectively equipping staff with appropriate cultural knowledge and clinical expertise.
- **Partnerships and coordination in policy development, planning, implementation, monitoring and evaluation:** recognising the critical importance of the coordinated effort required across all sectors of government, industry and service delivery to achieve Aboriginal oral health outcomes.
- **Mechanisms for accountability:** ensuring that planning, prioritising, target setting and reporting are systematically undertaken by all relevant bodies at Local, State and National levels, so that progress in addressing oral health priorities is monitored and reported.

(Adapted from the NSW Aboriginal Workforce Strategic Framework, 2011-2015⁶).

SECTION THREE

Goals

The goals of the NSW Aboriginal Oral Health Plan 2014-2020 are to:

1. Improve the oral health of the NSW Aboriginal population through primary prevention;
2. Improve access to oral health services for Aboriginal people in NSW;
3. Reduce disparities in the oral health status of Aboriginal people in NSW.

Goal 1:

To Improve the Oral Health of the NSW Aboriginal Population through primary prevention

Whole of population or universal initiatives are centred on increased access to water fluoridation, health promotion and disease prevention. These initiatives address the social determinants of oral disease and share common risk factors with other chronic diseases. An integrated risk factor approach recognises that chronic diseases and conditions such as obesity, heart disease, stroke, cancer, diabetes and oral disease share a set of common risk factors.⁷ Common key risk factors include poor diet, smoking, alcohol, and poor oral hygiene. These risk factors are usually more prevalent among Aboriginal people compared to non-Aboriginal people⁸.

The key concept of the integrated risk factor approach is that by directing action on these common risks and their underlying social determinants, improvements to a range of chronic diseases (oral disease being one) will occur more efficiently and effectively.

To improve the oral health of Aboriginal people in New South Wales current integrated prevention and early intervention services will need to be expanded, along with accessible and culturally appropriate dental treatment services.

Goal 2:

To Improve Access to Oral Health Services for Aboriginal People in NSW

Oral diseases are now very common in most Aboriginal communities due to lifestyle factors including diet and barriers to timely dental care, including the cost, availability and cultural competence of services. Our goal is to substantially improve access to oral health services for Aboriginal people in New South Wales.

Goal 3:

To Reduce Disparities in the Oral Health Status of Aboriginal People in NSW

The National Survey of Adult Oral Health 2004-06⁹ and the NSW Child Dental Health Survey 2007¹⁰ found that levels of untreated dental decay were more than twice as high among Aboriginal Australians compared with non-Aboriginal Australians.

Aboriginal children in remote areas are more likely than non-Aboriginal children to need hospitalisation so their dental caries can be treated under a general anaesthetic.¹¹ The higher rates of dental decay and related hospitalisation rates in regional and remote NSW also reflect the generally higher disease rates in Aboriginal populations and areas often without the benefits of water fluoridation.¹²

This Plan seeks to reduce these disparities in oral health status through targeted dental services, improved access to specialist dental care and preventive programs integrated, wherever possible, with general health programs.

SECTION FOUR

Strategic Directions

Primary Prevention

Strategic Direction 1:

Increase access to fluoridated water and fluoride programs to assist in the reduction of dental caries.

NSW has an extensive public water fluoridation program. However, this program has not been extended to all water supplies. Since fluoridation of public water supplies is the single most effective public health measure for reducing dental caries across the population, particularly among socially and economically disadvantaged groups, it is desirable to extend the program as widely as possible in remote Aboriginal communities.¹³

In the coming decade, NSW Health will continue to pursue a fluoridated water supply for the population where appropriate. To achieve this requires support from local governments, Local Health Districts, Health Professionals, and communities.

Fluoridation Actions	Responsibility	Partners
Work with Local Governments of un-fluoridated communities with a high Aboriginal population to introduce fluoride to water supplies.	COHS, LHDs, Health Protection NSW, Local Governments.	ADA, ACCHSs, AH&MRC
Identify and implement the most appropriate strategy to provide fluoride to communities with a high Aboriginal population where water fluoridation is not feasible, especially where child dental disease rates are high.	COHS, LHDs	Universities, ACCHSs, AH&MRC
Develop a state-wide fluoride varnish program targeted at un-fluoridated communities with a high Aboriginal population.	COHS, LHDs	ACCHSs, PCIH, AH&MRC

Strategic Direction 2:

Develop and implement sustainable oral health promotion and prevention programs.

Integrated approaches to health promotion recognise that chronic diseases and conditions such as obesity, heart disease, stroke, cancer, diabetes and oral disease share a set of common risk factors. In the coming decade, NSW Health will continue to integrate oral health promotion with other health promotion activities in areas such as obesity prevention (diet and nutrition), smoking cessation, and alcohol harm minimisation.

Oral Health Promotion Actions	Responsibility	Partners
Ensure integrated oral health promotion programs are appropriately tailored to Aboriginal people.	LHDs, JH&FMHN, NSW Ministry of Health, Office of Preventive Health, NSW Kids & Families & COHS	ACCHSs, Universities, South Cares, AH&MRC
Integrate oral health promotion within existing early childhood and out-of-home care programs in partnership with NSW Kids and Families and ACCHSs.	LHDs, Ministry, Office of Preventive Health, NSW Kids & Families & COHS	ACCHSs, AH&MRC
Develop and implement consistent state-wide school oral health promotion programs that are appropriately tailored to Aboriginal and Torres Strait Islander children.	COHS, LHDs	ACCHSs, DEC, AH&MRC

The development and implementation of evidence based oral health promotion and prevention programs¹⁴ will involve:

- Developing Aboriginal-specific oral health promotion materials that meet the needs of the local community;
- Developing and enhancing partnerships across ACCHSs and LHDs to ensure culturally appropriate and sustainable oral health promotion for Aboriginal people in NSW;
- Implementing other evidence-based preventive programs for communities where water fluoridation is not feasible (e.g. toothpaste, fluoride varnish);
- Improving the evidence-base for health promotion programs for Aboriginal people in NSW through research and evaluation;
- Developing and delivering oral health education and social marketing programs;
- Providing support and assistance to ACCHSs for oral health promotion and prevention programs; and
- Targeting Aboriginal people in health promotion programs developed and implemented by LHDs and JH&FMHN.

NSW Health will also identify opportunities for oral health promotion to be included within other health care programs, such as chronic care initiatives for older adults, and early childhood programs (including home visiting). NSW Kids and Families will be a key partner, as will other parts of NSW Health with responsibility for health promotion.

Primary and Tertiary Oral Health Service Delivery

Strategic Direction 3:

Improve access to appropriate dental services for Aboriginal people in NSW in culturally safe environments.

Accessible oral health services are important given the complex oral health conditions that many Aboriginal people suffer. Remote and regional areas have access challenges such as physical distance from a service, the difficulties of attracting appropriate staff and delivering tertiary oral health services is also a concern.

Accessible oral health services need to have cultural sensitivity and respect, and allow Aboriginal people to feel safe in their own environment, with the professional staff understanding the historic and contemporary issues that may impact on the relationship.

The optimal use of all dental resources by Aboriginal people across NSW requires collaboration between the public sector, the private sector, and ACCHSs; with sustainable partnerships to provide culturally appropriate oral health services.

ACCHSs are primary health care services that provide culturally appropriate, holistic health care to Aboriginal communities across Australia. These services are initiated by communities and often receive funding from a range of sources.¹³ Within many ACCHSs in NSW there are existing dental services able to deliver culturally appropriate oral health care. These ACCHSs have a strong primary health component where oral health is integrated into general health services, often within the same facility. This is in addition to those services provided to Aboriginal people as part of Local Health District and private dental services.

In some locations the improvements in the supply of dental professionals, and Commonwealth dental and oral health workforce initiatives, have allowed local services and regional partnerships to deliver dental care locally. This has reduced the reliance on high cost fly-in fly-out services from Hub and Spoke dental services, University Outreach Programs and private dental contractors.

Primary and Tertiary Service Delivery Actions	Responsibility	Partners
Identify gaps in access to services by mapping and collecting and analysing data and mapping existing dental services and programs for Aboriginal people in NSW, including the availability of culturally appropriate services and programs and identification of barriers to access.	COHS	LHDs, ACCHSs, AH&MRC, NSWK&F, RFDS, ADA, PHNs
Develop and implement an Aboriginal Oral Health Services Plan to improve coordination of services and equity of access for Aboriginal people across NSW. This will need to ensure that oral health services are culturally appropriate, identify barriers to access and create appropriate pathways for Aboriginal and Torres Strait Islander people.	COHS	AH&MRC, ACCHSs, LHDs, JH&FMHN, PCIH, RFDS, PHNs
Establish targeted models of care for Aboriginal people that encourage client-centric service provision and evidence-based prevention, and integration with other health care and community services.	COHS, LHDs, JH&FMHN, ACI	ADA, ACCHSs, AH&MRC
Build partnerships to improve access to oral health services based on mutual respect and trust with key stakeholders including Aboriginal communities, Aboriginal Community Controlled Health Services, and Local Health Districts.	COHS, ACCHS, LHDs, JH&FMHN	AH&MRC, NSWK&F, RFDS, ADA
Further develop and refine outreach initiatives and regional hub and spoke models, through collaboration within and beyond the health system.	COHS, ADA, LHDs, JH&FMHN	ACCHSs, AH&MRC

Workforce

Strategic Direction 4:

Develop and implement sustainable programs to increase the number of Aboriginal people in the oral health workforce in NSW

The majority of oral health services to people in NSW are provided by the private sector, with a relatively small proportion of all dentists in NSW working within the public sector. An even smaller number of dentists, dental therapists, oral health therapists and dental prosthetists work in ACCHSs. Many of these clinicians are part-time and/ or provide only a fly-in fly-out service. In addition, some dental services are provided by volunteers, using self-generated Medicare income, Local Health District partnerships, and in some cases patient co-payments.

Education and Training of the Non-Dental Workforce

The Community Services and Health Industry Skills Council (CSHISC) project Development of Oral Health Competencies for the Community Services and Health Workforce, led to the development of seven TAFE-based modules. These are aimed at Aboriginal Health Practitioners, nurses, aged care workers, childcare workers and others in similar roles, in recognition that they already provide some basic oral health care to their clients and, with appropriate training, could be more effective. The Commonwealth Government also has programs to train aged care workers in ensuring residents' daily oral hygiene is maintained.

Workforce Development Actions	Responsibility	Partners
Encourage non-dental health professionals to undertake appropriate oral health training courses to better meet the oral health needs of their clients.	COHS, NSW Ministry of Health Workforce Planning and Development Branch	ACCHSs, TAFEs, Universities; AH&MRC; Aboriginal Health College
Improve the distribution and skill mix of the oral health workforce, taking into account the high oral health needs of Aboriginal people.	COHS, LHDs, NSW Ministry of Health Workforce Planning and Development Branch	ACCHSs, TAFEs, Universities, AH&MRC
Work with the education providers to encourage more Aboriginal students to undertake study that leads to acceptance into oral health careers of their choice.	COHS, HETI, NSW Ministry of Health Workforce Planning and Development Branch	ACCHSs, TAFEs, Universities, AH&MRC
Develop joint strategies to increase the proportion of Aboriginal and Torres Strait Islander people in the oral health workforce in the public sector and ACCHSs, including scholarships and cadetships.	COHS, HETI, ACCHSs, LHDs	TAFEs, Universities, Workforce Planning and Development Branch, AH&MRC.
Encourage dental and oral health graduates to take up positions in rural LHDs and ACCHSs through funding of additional positions and required infrastructure.	COHS, LHDs	ADA, ACCHSs, The Dept of Health (NSW State Office), Universities, AH&MRC

Professional Education

Strategic Direction 5: Strengthen the capacity of the existing and future health and oral health workforce to provide appropriate oral health care in Aboriginal communities.

A range of education and training programs are in place for the career development of new dental and oral health graduates. These programs have a strong focus on increased service delivery in the public dental service as well as in ACCHSs. NSW Health will work closely with the Commonwealth and the administrators of these programs to ensure the benefits are maximised and are complementary to existing Aboriginal dental programs within NSW.

Student Placements

The NSW public oral health system plays an important role in supporting the education and training of dental and oral health students by providing supported placements in public clinics with the opportunity to serve a range of clients. Increasingly ACCHSs will become an important location for student placements to achieve both service delivery and workforce development objectives of this plan.

Professional Education Actions	Responsibility	Partners
Increased participation in Student Clinical Placements and Dental and Oral Health Graduate Year Programs by Aboriginal Community Controlled Health Services	COHS, HETI	ADA, ACCHSs, Universities, LHDs, AH&MRC
Support the professional development of oral health professionals from rural and regional centres in oral health care for Aboriginal people with chronic conditions and special needs..	HETI	ADA, ACCHSs, Universities, LHDs, COHS, AH&MRC.
Advocate for educational opportunities to build the capacity of Aboriginal Health Workers* to undertake oral health promotion.	COHS	AH&MRC, ACCHSs, Universities, Aboriginal Health College, LHDs

* Registered Aboriginal and Torres Strait Islander Practitioners

Data, Research and Evaluation

Strategic Direction 6:

Improve oral health for Aboriginal people through supported action-oriented research and improved oral data collections for evaluating both service delivery and oral health outcomes.

The Centre for Oral Health Strategy (COHS) is assisting ACCHSs to introduce electronic dental patient management systems where required. The resulting data can be easily extracted electronically to provide timely reports to ACCHS management and funding bodies on performance, accountability and sustainability of dental services within ACCHSs. These data can also be used improve quality of care and services with standard reports available on national oral clinical quality indicators.

Population oral health and dental health services research, ongoing monitoring of service quality and efficiency data, and evaluation of existing programs, are all required to build an evidence base on the changing oral health status of the Aboriginal population in NSW. It is important that Aboriginal oral health research projects are well designed, involve community consultation, and are based on the principle of no survey without service. Monitoring data will allow the description of access to dental services provided by both ACCHSs and LHDs and whether services are meeting the needs of the Aboriginal population of NSW. The new electronic dental patient information systems can also be interfaced with other information systems within ACCHSs allowing for improved patient care, efficiency and local reporting capabilities.

It is recognised that NSW Health will need to work in partnership with many stakeholders, such as ACCHS's, Universities and the AH&MRC, to encourage and facilitate improved data collection and reporting, and evaluation and research in the required areas.

Monitoring, research and evaluation efforts into the future will need to focus on:

1. **Oral Health Services Research** – to identify new and improved models of care and opportunities to increase effectiveness and efficiency within service delivery;
2. **Program Evaluation** – to provide information on the efficiency and effectiveness of new and existing programs, including health promotion and Aboriginal health initiatives;
3. **Oral Health Epidemiology** – to describe the oral health status of the Aboriginal population.

Data, Research and Evaluation Actions	Responsibility	Partners
Strengthen performance monitoring and data management within ACCHSs to improve quality of care and services for Aboriginal people.	COHS, LHDs, JH&FMHN	AH&MRC, ACCHSs
Apply core principles to action-oriented research, project design and evaluation concerning Aboriginal people – leading to improved oral health.	COHS, LHDs, JH&FMHN	AH&MRC, ACCHSs, Universities
Over-sample Aboriginal and Torres Strait Islander Children as part of the National Child Oral Health Survey 2012-2014.	COHS	DEC, ARCPOH, Universities
Implement a NSW Aboriginal Oral Health Minimum Data Set within ACCHSs.	COHS	ACCHSs, AH&MRC

SECTION FIVE

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Stakeholder Consultation

The NSW Ministry of Health would like to acknowledge the following organisations' involvement in the development of the NSW Aboriginal Oral Health Plan 2014-2020:

Aboriginal Community Controlled Health Services (ACCHS);

Health Education and Training Institute (HETI)

Local Health Districts (LHDs);

Justice Health & Forensic Mental Health Network (JH&FMHN);

The Aboriginal Health and Medical Research Council (AH&MRC);

The Australian Dental Association NSW Branch (ADA);

NSW Council on Social Services;

The University of Sydney;

University of Newcastle;

Charles Sturt University;

The Poche Centre for Indigenous Health;

Souths Cares;

An Aboriginal Health Impact Statement¹⁶ has been completed for this Plan.

