

# Development of a National Aboriginal and Torres Strait Islander Health Plan



Submission to discussion paper

December 2012



dental health  
services victoria

oral health for better health

We acknowledge the traditional custodians of Australia and we welcome all Aboriginal and Torres Strait Islander people to our service.

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Developed by Mungabareena Aboriginal Corporation and Women's Health Goulburn North East, 2008.

Dental Health Services Victoria delivers clinical dental services through The Royal Dental Hospital of Melbourne and purchases dental services on behalf of the State Government from over 50 community health agencies throughout Victoria. DHSV also delivers state-wide oral health promotion programs designed to improve oral health in the community.

# Statement from the CEO

Dental Health Services Victoria (DHSV) is pleased to provide you with this submission in response to the *National Aboriginal and Torres Strait Islander Health Plan* (the Health Plan) Discussion Paper.

DHSV is the leading public oral health agency in Victoria and provides dental services through The Royal Dental Hospital of Melbourne (RDHM) and purchases dental services for public patients from 58 community health agencies throughout Victoria.

DHSV commends the Department of Health and Ageing and the Minister for Indigenous Health for the development of this plan and for striving to improve health outcomes for Aboriginal and Torres Strait Islander peoples.

Oral health is fundamental to overall health and wellbeing. Common risk factors exist between poor oral health and other chronic diseases like diabetes, cardiovascular disease, pre-term and low birth weights, respiratory diseases, arthritis, cancers and cognitive impairments and a number of oral diseases - DHSV believes the Health Plan could be strengthened by noting these links throughout the document and would like to see oral health integrated into the national plan set out in the discussion paper.

DHSV values the recognition of the social determinants of health (sense of connection through culture, mental and physical health, school attendance, housing and environment, and ongoing impact of the Stolen Generations affect) in the Health Plan and agrees that these factors can greatly influence health outcomes.

DHSV supports the principles behind the Health Plan and believes that, in line with the Federal Government's commitment to oral health, specific objectives and priorities around oral health should be included in the implementation of its subsequent action plan.

DHSV submits this response to the Health Plan discussion paper and supports the Australian Government's long standing commitment to partner with Aboriginal and Torres Strait Islander people and to support improvements in oral health and overall health outcomes for this community group.

DHSV has made significant progress embedding oral health initiatives within other health issues by advocating, developing and nurturing collaborative relationships with other organisations and we welcome the opportunity to be involved in any further consultation on the development of the Plan.



Dr Deborah Cole  
CEO, Dental Health Services Victoria

# The current state of Aboriginal and Torres Strait Islander people's health

## Oral diseases are prevalent

Oral diseases place a considerable burden on individuals and communities. Although many oral conditions are preventable, oral disease remains widespread in Australia.

Tooth decay is Australia's most prevalent health problem and is the second most costly diet-related disease in Australia, with an economic impact comparable with that of heart disease and diabetes.

Approximately \$7.9 billion was spent on dental services in 2010-11, representing 6% of total health expenditure in Australia<sup>1</sup>. Costly treatment and high demand on public oral health services emphasises the need for a focus on prevention and health promotion<sup>2</sup>.

## Oral diseases are serious

Oral health is an integral part of general health and is fundamental to overall wellbeing and quality of life.

Many health conditions have been linked to poor oral health including cardiovascular disease, diabetes, pre-term birth and low birth weight, pneumonia, hepatitis C, infective endocarditis and nutritional deficiencies in children and older adults<sup>3</sup>.

Oral diseases share common risk factors with other health priorities such as cancer, diabetes and heart disease. These risk factors include: poor diet, tobacco smoking, alcohol consumption and exposure to ultraviolet radiation<sup>4</sup>.



DHSV has developed a booklet specifically for Aboriginal and Torres Strait Islander patients with the aim to help them understand how to access dental care at The Royal Dental Hospital of Melbourne.

The book was launched during National Reconciliation Week 2012.

### **Access to care is vital**

Aboriginal adults have a higher burden of oral disease than the non-Aboriginal Australian population with, on average, twice the amount of untreated dental decay and higher rates of gum disease<sup>7</sup>.

On average, Aboriginal children have twice the levels of tooth decay, with greater levels of untreated disease compared to the non-Aboriginal population<sup>5</sup>.

Periodontal disease accounts for 30% of tooth loss, contributing to the higher number of missing teeth in Aboriginal people<sup>8</sup>. This also increases risks related to chronic diseases such as diabetes and cardiovascular disease.

DHSV would like to make the following additions to the sections as below:

### **Pregnancy and babies**

There is growing evidence to show that poor oral health is one of the contributing factors to low birth weight<sup>9</sup>. Pregnant women are at increased risk of gum disease and links exist between advanced gum disease and premature and low birth weight babies<sup>10</sup>. Other factors include socioeconomic disadvantage, poor nutrition, smoking, alcohol intake and illness during pregnancy. Low birth weight is a risk factor not only for infant mortality and morbidity, but also for adult development of cardiac disease, diabetes and kidney failure.

DHSV recommends inclusion of oral health as one of the contributing factors for low birth weight.

### **Childhood (0-14 years)**

Diet and nutrition in the early years affects childhood development, growth, functioning and health. Poor diet and nutrition are principal causes of many of the health conditions suffered by Aboriginal people in their adult lives. A diet high in sugar, refined carbohydrates, saturated fat and salt is also a risk for obesity, tooth decay and other diet-related diseases.

Oral disease may result in pain, infection and destruction of soft tissue in the mouth. It can affect speech and language development, as well as school attendance and performance, with implications for self-esteem, employment and social wellbeing.

## **In some Aboriginal communities over 90% of young children have tooth decay<sup>11</sup>.**

DHSV recommends recognising poor oral health as one of the factors in improving the health of babies and children.

### **Adults**

DHSV notes that early deaths from chronic disease (such as heart disease and stroke, cancer, diabetes and respiratory disease) are a major concern in this age group.

Poor oral health is associated with a poor diet and a number of chronic and other conditions<sup>12</sup>. Indigenous adults have, on average, twice the amount of untreated tooth decay and higher rates of gum disease than non-Aboriginal adults<sup>6</sup>.

DHSV would like to see oral health included as a contributing factor when addressing major causes of poor health in Aboriginal and Torres Strait Islander people.



## Determinants of health

### **How can the Health Plan harness the strengths and culture of Aboriginal and Torres Strait Islander peoples to improve their health?**

DHSV supports the inclusion of the social determinants of health in the discussion paper. We recognise that oral health is influenced by these and other broader determinants of health (including educational attainment, family and community connections, access to economic and material resources, freedom from race-based discrimination and connection to country<sup>12</sup>).

Common risk factors exist for poor oral health and other chronic diseases therefore, an integrated approach to the promotion of both oral and general health is likely to be more effective than programs targeting a single disease or condition.

# The evidence

Studies suggest that people with fewer than 10 of their own teeth remaining are seven times more likely to die of coronary heart disease than someone with more than 25 of their own teeth<sup>13</sup>.

Emerging evidence also indicates that oral conditions share common risk factors with other diseases. Poor oral health occurs simultaneously with a range of chronic diseases and a number of these conditions – notably diabetes and cardiovascular disease – contribute to the poor health status of Aboriginal and Torres Strait Islander peoples.

DHSV advocates for the integration of oral health information with general health information by including oral health in school curricula, supported by the research, development and consistent use of evidence-based oral health approaches and increased health literacy. Impacts are likely to effect oral health<sup>14</sup>.

DHSV believes the discussion paper could be strengthened by noting these links.

## **What are the key things that would make a difference to Aboriginal and Torres Strait Islander people's health outcomes?**

Poor oral health has an adverse impact on chronic and other conditions and impacts on people's lives and wellbeing generally. An integrated approach with a strong focus on health promotion, priority access to primary health care for the early identification, treatment and management of poor oral health, as well as access to appropriate and affordable acute care, could help to improve health outcomes.

Aboriginal people continue to experience unacceptable levels of disadvantage in regard to living standards, life expectancy, education, health and employment when compared to non-Aboriginal populations.

Oral disease is largely preventable and yet Aboriginal Australians are more likely than non-Aboriginal Australians to have lost all their natural teeth, have gum disease and to have received less preventative or treating dental care. Aboriginal children have twice the level of tooth decay than non-Aboriginal children and have higher levels of untreated tooth decay, missing and filled teeth. In some Aboriginal communities as many as 90% of children have tooth decay. Oral health is a significant issue for Aboriginal children<sup>12</sup>.

DHSV recommends incorporating oral health into all health and health-related policies, plans and curriculums for Aboriginal and Torres Strait Islander people at a local, State and Federal government level.

DHSV also recommends:

- a stronger preventive intervention focus to reduce hospital admissions and the severity of oral disease
- improving oral health literacy
- communicating clear oral health messages
- the inclusion of oral health as a health promotion priority<sup>15</sup>
- greater resources devoted to Aboriginal health workers in the public health system.

# What do governments need to do?

## **Build on the strengths of Aboriginal & Torres Strait Islander people to improve their health**

Common risk factors exist for oral and other chronic diseases. Therefore, an integrated approach to the promotion of both oral and general health is likely to be more effective than programs targeting a single disease or condition. DHSV recommends health promotion in Aboriginal communities be guided by best practice principles<sup>12</sup> and:

- include historical, social and cultural context
- apply a 'community centered practice' approach: community owned and driven, building on strengths to address community identified priorities
- be flexible, allowing for innovation
- be comprehensive, with multiple strategies to address all the determinants
- be sustainable in terms of funding, program and governance
- be evidence based, with built-in monitoring and evaluation systems
- build and sustain the social, human and economic capital from strengths-based perspective.

## **Support Aboriginal and Torres Strait Islander peoples to proactively manage health and to achieve and maintain social, emotional and cultural wellbeing**

Easily accessible services and assistance to navigate the healthcare system creates a culture of care and understanding within a community. The employment of Aboriginal health workers brings valuable cultural understanding to the system and helps Aboriginal and Torres Strait Islander people to navigate the appropriate healthcare path. Aboriginal health workers also provide a valuable link to the Aboriginal and Torres Strait Islander communities, often acting as a conduit for health promotion activities and ensuring the health 'loop' is closed for each patient.

Oral health issues are the highest cause of avoidable hospital admissions in young people between the ages of 0-19 in Victoria, the figure noticeably higher in regional and rural areas. Hospital admissions can be caused by one-off accidents or a lack of appropriate oral health care which is usually an indicator of a greater health issue. Increased connectivity between health providers would help to identify symptoms of existing mental health conditions or clients who are at risk.

DHSV has a strong background in working to embed oral health in the work of other disciplines and partnering with organisations within both the health and non-health sectors. Improving connectivity between health agencies would ensure Aboriginal and Torres Strait Islander people, especially young people, are receiving appropriate care.

## **A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment.**

### **Address the social determinants of health**

Interventions are more likely to be effective if they:

- address the social determinants of poor health, such as educational attainment, family and community connections, access to economic and material resources, freedom from race-based discrimination and connection to country
- are guided by best practice principles, like being inclusive of historical, social and cultural context, and being sustainable in terms of funding, program and governance to achieve community ownership of the program.

## Mark's patient journey:

Mark\* is only 6 years old. He needs ongoing dental work and it has been vitally important that he attends every visit scheduled at The Royal Dental Hospital of Melbourne. His mother and grandfather have been extremely happy with the quality of care he has received so far.

The Aboriginal Community Development Worker (ACDW) has assisted Mark and his family over the past two months to ensure he makes it to his appointments. At one stage, Mark's mother, Anne\*, phoned ACDW distressed as they were unable to make arrangements to travel in for Mark's appointment. The worker was able to arrange a taxi to and from the appointment for the two and the family were appreciative.

On another visit, Anne advised ACDW that she had separated from her partner and was in need of housing however she was not sure of the procedure. ACDW was able to contact Aboriginal Housing and have the necessary forms sent directly to Anne.

ACDW representatives have attended Mark's dental appointments on occasion and built up a good relationship with his dentist. The dentist has also contacted ACDW directly to arrange appointments for Mark. Anne has commented that though he is quite often fidgety in the chair, Mark settles down once ACDW arrives. The dentist is very gentle and explains and shows Mark's mother what he is doing every step of the way.

From Mark's grandfather:

*Just a quick email to say thanks for all your wonderful help whilst Mark\* had frequent visits to The Royal Dental Hospital of Melbourne. Your kindness and willingness to help was a great help to mum and the rest of us.*

\*names changed for privacy reasons

## How could the health system work better for Aboriginal and Torres Strait Islander peoples?

Health promotion and disease prevention are fundamental components of comprehensive primary health care and must be priority for specific and mainstream health services. Improving the health of Aboriginal and Torres Strait Islander people is a core responsibility for the whole health sector.

A greater focus on culturally appropriate oral health promotion will help to empower Aboriginal and Torres Strait Islander people to address the inequalities in social determinants of health. We can help to build a greater connection to the healthcare system by employing a greater number of Aboriginal health workers and providing grants to employ Aboriginal and Torres Strait Islander people in the public healthcare sector.

A recent review of indigenous health showed that many barriers exist to achieving good oral health among Aboriginal and Torres Strait Islander people<sup>17</sup>. These barriers include:

- **Access to oral health services**  
Aboriginal and Torres Strait Islander people often face geographic barriers to accessing oral health services. Long distances to dental clinics and a lack of access to public or private transportation can contribute to this issue.
- **Diet**  
Many Aboriginal and Torres Strait Islander people living in rural or remote settings experience dietary constraints<sup>18</sup>. Nutritious food and fresh produce needs to be transported over long distances to many Aboriginal and Torres Strait Islander communities and this fresh food can be costly once it reaches the community stores. In some areas, food prices are up to 30% more than in urban areas. More affordable processed foods are often chosen over expensive fresh options, though these choices often mean high sugar, salt and carbohydrate-rich food which can contribute to poor general and oral health outcomes.
- **Water fluoridation**  
Some rural and remote communities still have non-fluoridated water supplies. More than 80% of Aboriginal and Torres Strait Islander people living in remote locations are not connected to town-water and have no access to fluoridated water supplies<sup>20</sup>.
- **Living Conditions**  
Many Aboriginal and Torres Strait Islander people live in sub-standard living conditions, which can influence health and levels of disease<sup>21</sup>.

**Significant inequalities exist in oral health, but with strategic planning and implementation of prevention programs we can help to level the playing field.**

### **What more could be done to facilitate the growth, support and retention of Aboriginal and Torres Strait Islander health professionals?**

Experience across Aboriginal and Torres Strait Islander health emphasises the importance of involving Aboriginal and Torres Strait Islander practitioners in health care delivery<sup>23</sup>.

DHSV acknowledges the capacity to recruit and retain appropriate staff is essential to sustaining primary health care services for Aboriginal and Torres Strait Islander people, particularly in rural and remote areas. Recruitment and retention of oral health practitioners, including Aboriginal and Torres Strait Islander providers, is becoming increasingly difficult in rural and remote regions, where a substantial proportion of Aboriginal and Torres Strait Islander people live. The presence of indigenous staff in the oral health workforce will assist in making culturally responsive dental services available to Aboriginal and Torres Strait Islander people. There is also a need for non-indigenous workers to be trained to better meet the needs of Aboriginal and Torres Strait Islander people.



During 2012 DHSV secured funding through the Victorian Department of Health, as part of Closing the Health Gap in Victoria, to increase, support and provide training opportunities for the Aboriginal and Torres Strait Islander workforce. DHSV has recruited four full-time dental assisting trainees with two more roles to be filled during February 2013.

Trainees receive on and off the job training over an 18 month period and on completion the applicants will receive a Certificate III in Dental Assisting.

"Being here at the hospital has broadened my horizons. My future goals are to go to small indigenous communities and teach them the importance of oral hygiene. I want to give back to my people and encourage them to maybe one day study dentistry. I would like to thank DHSV for giving me the opportunity to learn and practice dentistry. Thank you."

- Wazana -

"Every day I call my mum with new found things and I'm excited! I love doing this, I love knowing I am bettering myself and can someday contribute to my community. Slowly I am starting to map out my future and what I want to do with my life. When I finish my traineeship I would like to work in emergency and continue studying to be a dental therapist. I'd also like to volunteer with Tooth Mob."

- Melissa -

"DHSV has made it a priority to invest in attracting, selecting and developing the skills of Aboriginal employees to improve the access, relations and quality of care provided to Aboriginal patients. We want to diversify the employee mix to ensure DHSV is culturally aligned to the priority patients groups."

- Alissa Patoulios -

DHSV Talent and Program Development Manager

## **DHSV Aboriginal Community Development Worker, Jacqueline Watkins asked one of The Royal Dental Hospital of Melbourne's Aboriginal patients what having access to dental treatment has meant to them.**

"To be able to have maintenance done to my teeth in an environment where staff have been supportive and patient with me is invaluable. I have suffered from anxiety, panic attacks and just overall fear from dentists because of one bad experience with a dentist.

The dentists at The Royal Dental Hospital of Melbourne have enabled me to trust again. One in particular would take me through step-by-step, as he would perform any dental work. For example, I'd ask how long each step in my treatment would take, he'd say one minute, and I would focus on counting down that minute. Before the next step – in one of my very anxious moments, he actually sang for me to keep my mind occupied!"

- Dallas -

### **What more could be done to develop, support and retain mainstream health professionals to provide comprehensive and culturally appropriate health care services to Aboriginal people?**

The Health Plan must continue to recognise the role and development needs of mainstream health professionals in Aboriginal and Torres Strait Islander health. While overall supply of health professionals and skilled support workers is a significant issue, particularly in rural and remote areas. It is also true that other organisations need assistance with staff retention strategies.

An analysis of the existing human resources management within a number of effective indigenous primary health care services has suggested that amongst the key requirements for effective recruitment and retention strategies are<sup>24</sup>:

- the leadership and cultural knowledge of indigenous management and staff
- a clear mission statement that recognises the value of skilled committed staff and is relevant to their work
- a well-defined organisational structure with clear roles and responsibilities, and the necessary mix of staff and skills to support an organisation of its size
- a recruitment strategy that involves bringing short-listed applications to visit communities and understand the environment in which they would be working
- an intense orientation process that include a focus on cultural issues, the local service delivery context and practical issues
- staff supported by key local community people with specialised knowledge
- secure recurrent funding for staff training programs
- career advancement possibilities within the organisation
- a high value placed upon the role of the Aboriginal health workers as a critical component of the primary health care system.

### **Continuing professional development**

Provision of continuing professional development programs that have a major cultural responsiveness component will help to motivate and assist health professionals to provide appropriate care for Aboriginal and Torres Strait Islander people. Cultural awareness training can be incorporated into existing education programs or implemented as a separate module.

### **Expanding scope of practice**

Expanding the scope of practice for healthcare professionals can enable staff to provide care for more individuals. For example, DHSV is currently trialling a process where dental assistants (DA) apply fluoride varnish - an activity that traditionally sat outside the DA scope of practice. The new process will free up clinician time, enabling them to treat more patients. It will also mean that in rural and remote areas where clinicians are time poor, more patients can be seen.

### **Cultural awareness training**

DHSV provides cultural awareness training for all employees to ensure that staff provide culturally appropriate care and treat all patients and visitors with respect and dignity. Since 2009, DHSV has facilitated cultural awareness training sessions on a quarterly basis and the process is now a compulsory part of workplace orientation.

Staff comments around cultural awareness training:

“I really learned a lot from this session and will take the knowledge with me into my work.”

“The program helped me to understand the importance of cultural awareness in the health care system.”

### **Planning**

The three-year DHSV Cultural Responsiveness Plan provides the pillars of support for cultural leadership at DHSV, demonstrates a whole-of-organisation approach to cultural responsive and concentrates efforts on consumer participation.

## The number of Aboriginal and Torres Strait Islander people being treated at RDHM has increased by 500% over the past three years.

### **How could the integration and coordination of comprehensive health care for Aboriginal and Torres Strait Islander patients be improved?**

DHSV supports the opportunities identified in the Health Plan, but notes that opportunities exist to improve oral healthcare services as well as general health services. DHSV recommends the inclusion of oral health promotion in programs to improve the oral health and nutritional health of indigenous children and, ultimately, reduce the prevalence of oral disease, including tooth decay and gum disease, among Aboriginal adults.

Aboriginal families often report problems with access to services, particularly dental health care. Waiting times, cost, transport issues, lack of services and lack of cultural appropriateness have all been listed as barriers to care. To become more accessible, provide quality care and conduct culturally appropriate treatment, services will need to work together to<sup>25</sup>:

- develop and implement an Aboriginal and Torres Strait Islander inclusion framework to improve the practice of universal services for Aboriginal children, young people and families, with a particular focus on promoting participation
- build partnerships between Aboriginal organisations that provide services to children, young people and government and support them to expand their service delivery and capacity
- build capacity for partnership - such as training in partnership skills for both mainstream and Aboriginal and Torres Strait Islander communities and organisations.

### **How can comprehensive health care services be made more accessible for Aboriginal and Torres Strait Islander people in all areas (urban, regional and remote)?**

To enhance access to oral health services DHSV recommends best practice approaches including<sup>12</sup>:

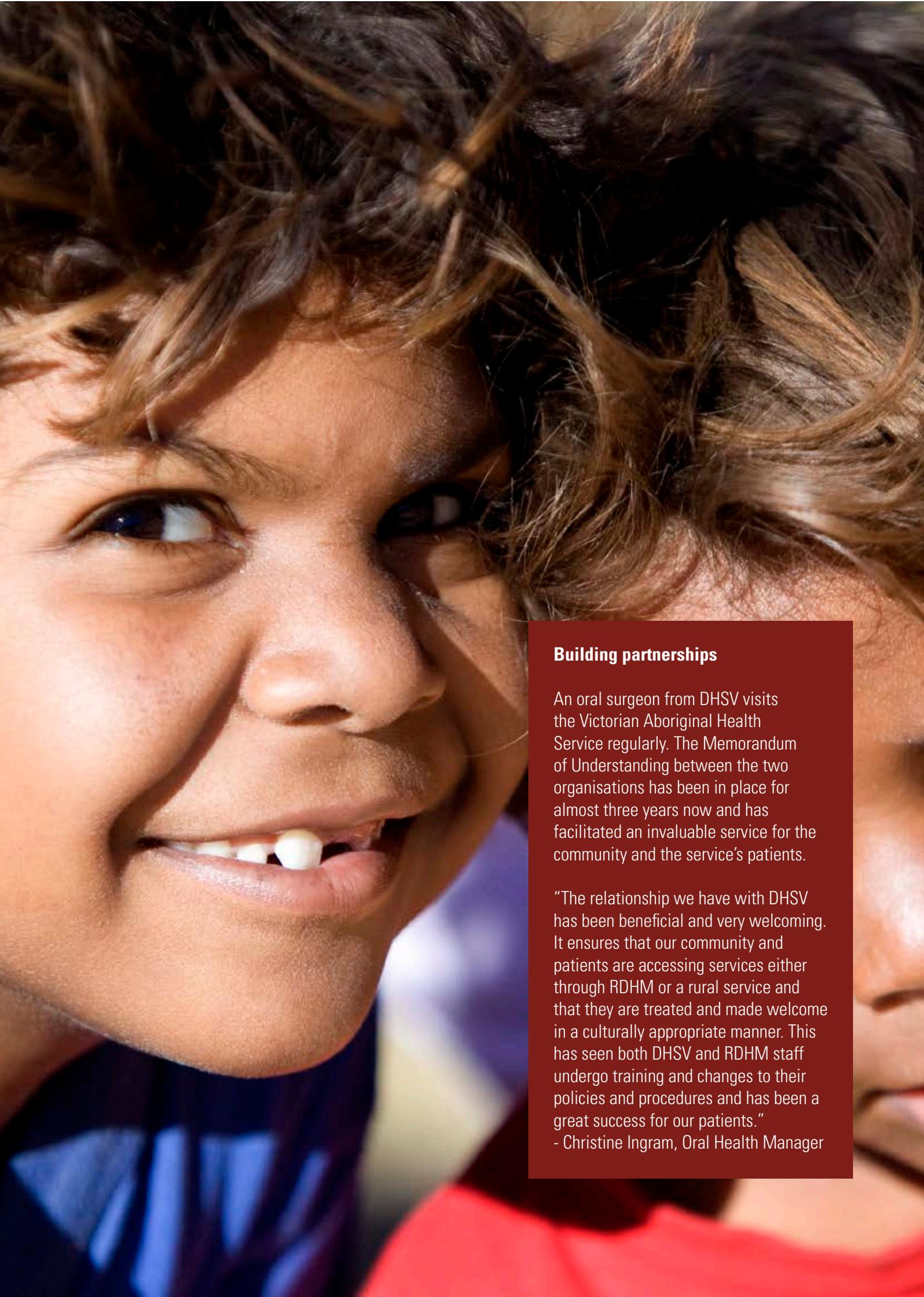
- consulting with the community about real and perceived barriers to access
- employing Aboriginal liaison workers
- ensuring that oral health staff understand issues relating to cultural safety (that is, the role of power in healthcare, the concerns expressed by the recipients of care and by the providers of care and the limitations that cultural beliefs impose on practice)
- running specific sessions for Aboriginal and Torres Strait Islander people
- having no or limited waiting times (where possible)
- integrating with other health and welfare services, particularly Aboriginal health services
- waiving fees under certain circumstances
- offering support with transport to and from appointments.

### **How can services be made more culturally competent and appropriate for Aboriginal and Torres Strait Islander people?**

Celebrating culture in and around health services is an effective way to improve cultural acceptance and promote culturally appropriate behaviour. This could include recognising national celebrations like NAIDOC Week and Reconciliation Week, or demonstrating Aboriginal and Torres Strait Islander culture with flags and other representations.

## **DHSV has recently embarked upon an important change project to implement a new model of care at The Royal Dental Hospital of Melbourne.**

Included in this new model are culturally appropriate patient flow channels and culturally responsive principles. The model of care also includes understanding of the patient journey, of family centred care and dynamic relationship management.



### **Building partnerships**

An oral surgeon from DHSV visits the Victorian Aboriginal Health Service regularly. The Memorandum of Understanding between the two organisations has been in place for almost three years now and has facilitated an invaluable service for the community and the service's patients.

"The relationship we have with DHSV has been beneficial and very welcoming. It ensures that our community and patients are accessing services either through RDHM or a rural service and that they are treated and made welcome in a culturally appropriate manner. This has seen both DHSV and RDHM staff undergo training and changes to their policies and procedures and has been a great success for our patients."

- Christine Ingram, Oral Health Manager



## Community engagement

Sunraysia Community Health Services (SCHS) Mildura, DHSV and the Royal Flying Doctor Service worked together to increase awareness of SCHS public dental services to the Sunraysia Community. They held a stall at the Mildura Health and Wellbeing Day and used the opportunity to gather information from the Aboriginal community about their oral health promotion needs and preferences.

Gippsland & East Gippsland Aboriginal Co-op (GEGAC) dental clinic, organised a health promotion 'Fun Day' which included the dental team giving dental check-ups, dental advice and demonstrations. The main target group were Aboriginal children and families. Jacqueline Watkins, DHSV Aboriginal Community Development Worker supported GEGAC on the day with toothbrush and toothpaste supplies and helped promote the Drink Well, Eat Well and Clean Well messages.

Koori Maternity Services held a Pregnancy Care Workshop, Maternity Services Education Program, Maternity Emergency & Pregnancy Care at The Royal Women's Hospital in Melbourne. Over 25 midwives and Aboriginal health workers attended from various Koori Maternity Services across Victoria. The workshops highlighted:

- the importance of dental health during pregnancy
- how pregnancy affects dental health
- recommended dental hygiene and preventive measures for oral disease during pregnancy.

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